One Hundred and Fifty-second Annual Report of the Trustees

of

THE MASSACHUSETTS GENERAL HOSPITAL

Including the General Hospital in Boston
and the
McLean Hospital in Belmont

For the Year
1965
Officers and Staff
1966

BOSTON : MASSACHUSETTS

FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ...($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ...($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of .... and shall be known as the .... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

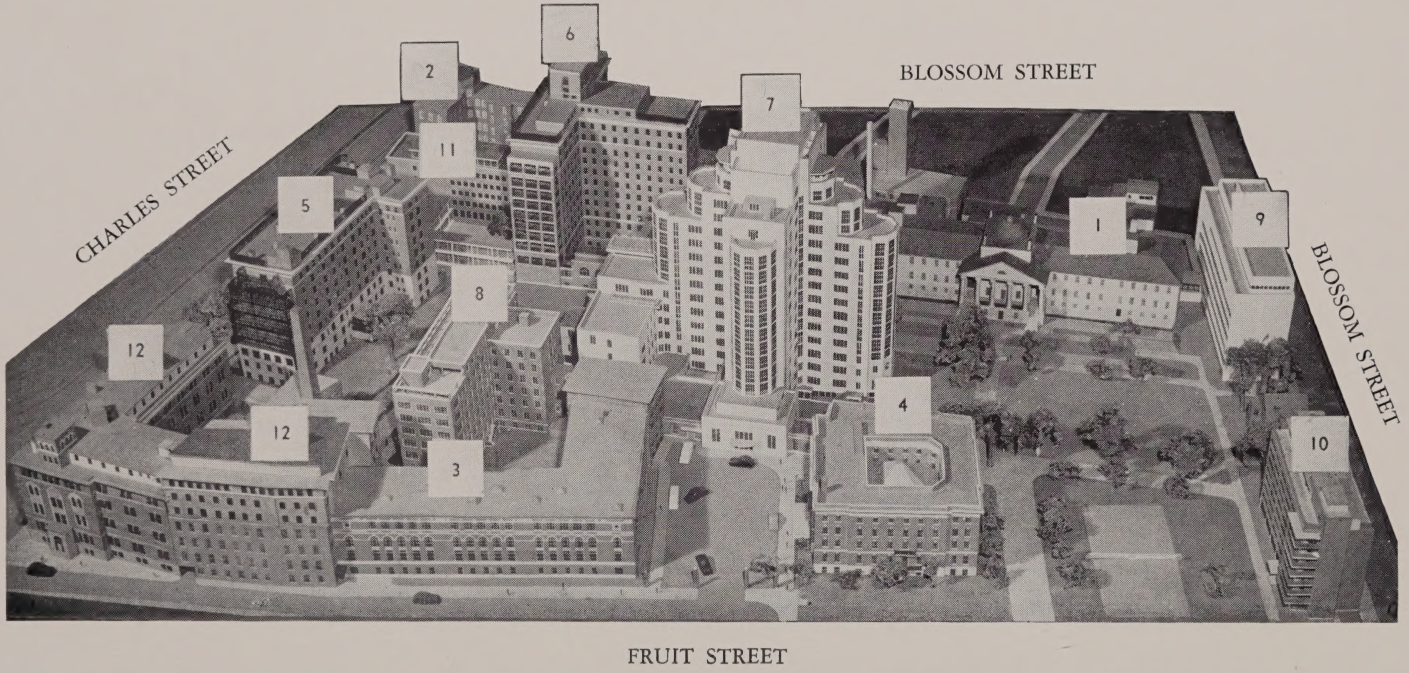
Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

Member of United Community Services of Metropolitan Boston

Member of American Hospital Association

Accredited by the Joint Commission on Accreditation of
Hospitals of the United States and Canada

Approved by American Medical Association for Residencies
and Internships



THE MASSACHUSETTS GENERAL HOSPITAL

1. Bulfinch Building (1821); 2. Thayer House (1883); 3. The Clinics Building (1903); 4. Moseley Building (1916); 5. Phillips House (1917); 6. Baker Memorial (1930); 7. George Robert White Building (1939); 8. Vincent Memorial Hospital and Burnham Memorial for Children (1947); 9. Research Building (1951); 10. Bartlett Hall Nurses' Residence (1953); 11. Warren Building (1956); 12. *Massachusetts Eye and Ear Infirmary* (1899).

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Officers and Staff
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*Appointed by the Governor of the Commonwealth

BOSTON · MASSACHUSETTS

Information

THE MASSACHUSETTS GENERAL HOSPITAL is a private, incorporated institution supported solely by voluntary contributions and the receipts from those patients who pay board. It consists of three main divisions: The General Hospital for those unable to pay for private medical care, The Baker Memorial with private and semi-private accommodations, and the Phillips House, the private pavilion. All three divisions are for the care of acutely ill persons, or for such chronic cases as can be substantially relieved by hospitalization of short duration. In addition, Storrow House, located in Lincoln, Massachusetts, is for convalescent patients no longer in need of hospital nursing care.

THE GENERAL HOSPITAL

Entrance: Fruit Street, end of North Grove Street. Telephone—726-2000.

Arrangements for the admission of patients to the General Hospital should be made at the Admitting Office in the George Robert White Building (726-3361).

Emergencies are admitted at any hour; arrangements should be made by telephone. Persons injured by accident or overcome by acute illness may come to the Emergency Ward at the Hospital entrance at any time.

The Clinics of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary, open for admission from 8:15 a.m. to 10:00 a.m. and from 1:00 p.m. to 3:00 p.m., are for patients who can not afford the cost of private medical care. Appointments may be made by mail, telephone, or personal application at the Admitting Desk.

THE BAKER MEMORIAL

Entrance: Same as the General Hospital. Telephone—726-2000.

The Baker Memorial is for patients of moderate means. Arrangements for admission should be made at the Admitting Office in The Baker Memorial (726-3367.)

Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary.

THE PHILLIPS HOUSE

Entrance: 265 Charles Street. Telephone—726-2000.

Information about admission may be obtained at the Phillips House Admitting Office. Patients may be referred by any physician, but may be attended only by members of the Staff of the Massachusetts General Hospital and the Massachusetts Eye and Ear Infirmary. Arrangements for admission should be made at the Admitting Office in the Phillips House (726-3204).

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1940 Ralph Lowell, 100 Franklin Street
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1958 *Sidney R. Rabb, 393 D Street, So. Boston
1962 Francis H. Burr, 50 Federal Street
1963 George Putnam, 60 Congress Street
1965 *Edward L. Bigelow, 225 Franklin Street

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1963 Phillips Ketchum, Honorary Trustee, 294 Washington Street

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*Appointed by the Governor of the Commonwealth

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April and October
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May and November
Mr. Lowell and Mr. Brace

June and December
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January 1967
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February 1967
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(*M.G.H. Clinics*)

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Dispatch	Leon F. Katzer
Information, Baker Memorial	Annabel Herdman
Information, General Hospital	Hope Wright
Orthopedic Workshop	William Murphy
Print Shop	Ralph H. Cluff, Jr.
School of Illustration and Visual Education Service	Edith Tagrin
Treadwell Library	Genevieve Cole
Volunteers	Mary Ruth Wolf

STAFF

VISITING STAFF

MEDICAL DIVISION

GENERAL MEDICINE

Chief of Medical Services

Alexander Leaf, M.D.

Consulting Visiting Physicians

Edward F. Bland, M.D.
Charles L. Short, M.D.

Physicians

Myles P. Baker, M.D.
Earle M. Chapman, M.D.
Daniel S. Ellis, M.D.
Allan L. Friedlich, M.D.
Kurt J. Isselbacher, M.D.
Bernard M. Jacobson, M.D.
John H. Knowles, M.D.
Alfred Kranes, M.D.
Jacob Lerman, M.D.
Francis C. Lowell, M.D.
Gordon S. Myers, M.D.
Marian W. Ropes, M.D.
Conger Williams, M.D.
Paul C. Zamecnik, M.D.

Associate Physicians

William H. Baker, M.D.
William S. Beck, M.D.
Kenneth T. Bird, M.D.
Perry J. Culver, M.D.
Briant L. Decker, M.D.
Daniel D. Federman, M.D.
Anne P. Forbes, M.D.
Harriet L. Hardy, M.D.
Reed Harwood, M.D.
Rita M. Kelley, M.D.
Stephen M. Krane, M.D.
Farahe Maloof, M.D.
Janet W. McArthur, M.D.
Arthur S. Pier, Jr., M.D.
Walter W. Point, M.D.
John D. Stoeckle, M.D.
Morton N. Swartz, M.D.
Louis Weinstein, M.D.
Edwin O. Wheeler, M.D.

Assistant Physicians

Irving P. Ackerman, M.D.
Alan C. Aisenberg, M.D.
John C. Angley, M.D.
K. Frank Austen, M.D.
Victor G. Balboni, M.D.
M. Henry Clifford, M.D.
Leslie J. DeGroot, M.D.
Roman W. DeSanctis, M.D.
Richard A. Field, M.D.
Gerald S. Foster, M.D.
William Franklin, M.D.
Joseph W. Gardella, M.D.
Edgar Haber, M.D.
H. Walter Jones, Jr., M.D.
John W. Littlefield, M.D.
Edwin P. Maynard, III, M.D.
John A. Mills, M.D.
John M. Moses, M.D.
Lot B. Page, M.D.
John T. Quinby, M.D.
Walter T. St. Goar, M.D.
Guillermo C. Sanchez, M.D.
Charles A. Sanders, M.D.
W. Davies Sohier, Jr., M.D.
George P. Sturgis, M.D.
Arthur L. Watkins, M.D.
Arnold N. Weinberg, M.D.
Richard G. Whiting, M.D.

Assistants in Medicine

David W. Allen, M.D.
George P. Baker, Jr., M.D.
G. Octo Barnett, M.D.
Francis G. Barnum, Jr., M.D.
Patricia H. Benedict, M.D.
Kurt J. Bloch, M.D.
Caesar Briefer, Jr., M.D.
Robert W. Carey, M.D.
Mortimer M. Civan, M.D.
James H. Currens, M.D.
John C. Dalton, M.D.
Andrew G. Frantz, M.D.
Allan Goldblatt, M.D.
*Mehran Goulian, M.D.
J. Warren Harthone, M.D.
John Homans, Jr., M.D.
John W. Irwin, M.D.
Lewis W. Kane, M.D.
Paul A. Kantrowitz, M.D.
Homayoun Kazemi, M.D.
John W. Keller, M.D.
Bernard Kliman, M.D.
Jan Koch-Weser, M.D.
Hugh H. Kopald, M.D.
William F. McNeely, M.D.
Donald B. Martin, M.D.
Maurice M. Pechet, M.D.
Sholem Postel, M.D.
Richmond Prescott, M.D.
Mitchell T. Rabkin, M.D.
Edward S. Rendall, M.D.
Dwight R. Robinson, M.D.
Seymour M. Sabesin, M.D.
Allan I. Sandler, M.D.
Robert H. Schapiro, M.D.
Victor W. Sidel, M.D.
John H. Sisson, M.D.
William E. Strole, M.D.
Frank A. Warner, M.D.
Martin J. Wohl, M.D.
Peter M. Yurchak, M.D.

Clinical Associates in Medicine

John G. Freymann, M.D.
John R. Graham, M.D.
David Littmann, M.D.
Oscar E. Starobin, M.D.
Henry R. Stebbins, M.D.
Frederic Tudor, M.D.
A. Allison Wills, Jr., M.D.

Clinical Assistants in Medicine

Donnell W. Boardman, M.D.
Arthur E. Brown, M.D.
Albert I. C. DeFriez, M.D.
John Denovian, M.D.
Anne F. Godley, M.D.
Charles S. Keevil, Jr., M.D.
Robert K. Osborne, M.D.
Robert S. Pinals, M.D.
Richard J. Wurtman, M.D.
Eliot Young, M.D.

Applied Physicist

Gordon L. Brownell, PH.D.

Associate Applied Physicists

Saul Aronow, PH.D.
Kathleen Stratton, PH.D.

Assistant Applied Physicists

Charles Alden Burnham, M.S.
Paul H. Burr, B.S.

Assistant in Applied Physics

Robert Ouellette, M.D.

Physical Chemist

D. Michael Young, M.D.

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*On leave of absence

Biologist
Jereome Gross, M.D.

Associate Biologist
Nancy L. R. Bucher, M.D.

Assistant Biologists
Audrey E. V. Haschemeyer, PH.D.
Marvin L. Tanzer, M.D.

Associate Biophysicist
Jesse F. Scott, M.D.

Assistant Biophysicist
Herbert J. Sukenik, PH.D., M.D.

Biochemists
Lewis L. Engel, PH.D.
Roger W. Jeanloz, PH.D.

Associate Biochemist
Barbara Wright Kalckar, PH.D.

Visiting Associate Biochemist
Gene F. Lata, PH.D.

Assistant Biochemists
Sen-itiroh Hakomori, M.D.
Shelby Kashket, PH.D.
James C. Orr, PH.D.
Kurt Randerath, M.D.
Mary L. Stephenson, PH.D.

Associate Immunologist
Sidney Leskowitz, PH.D.

Consulting Assistant Immunologist
Edna M. Follensby, PH.D.

Associate Engineer in Computer Science
Edward Neidorf, M.E.E.

1965

DERMATOLOGY

Chief of Service
Thomas B. Fitzpatrick, M.D., PH.D

Dermatologist
Maurice M. Tolman, M.D.

Assistant Dermatologists
Richard Masters, M.D.
Ruth K. Freinkel, M.D.
Earl A. Glicklich, M.D.
Robert D. Griesemer, M.D.
Milton E. Helman, M.D.
Philip L. McCarthy, M.D.
Robert F. Tilley, M.D.

Assistants in Dermatology

Leroy D. Aaronson, M.D.
Howard P. Baden, M.D.
William L. Curwen, M.D.
Arthur Z. Eisen, M.D.
Irwin M. Freedberg, M.D.
Charles S. Keuper, M.D.
Burnham E. Lamkins, M.D.
Myron H. Matz, M.D.
A. David McGugan, M.D.
Arthur S. Spangler, M.D.

Clinical Associates in Dermatology

Joseph Albert, M.D.
Clito R. Damiani, M.D.
Nicholas J. Fiumara, M.D.
John L. Fromer, M.D.
Basil C. Gray, M.D.
William R. Hill, M.D.
Edmund L. Piper, M.D.
Sabino J. Sinesi, M.D.

Associate Biochemist

Irvin H. Blank, PH.D.

Associate Biologist

George Szabó, PH.D.

Assistant Biochemists

Jean B. Burnett, PH.D.
Madhukar A. Pathak, PH.D.
George F. Wilgram, M.D.

Assistant Physical Chemist

Robert Scheuplein, PH.D.

NEUROLOGY

Chief of Service

Raymond D. Adams, M.D.

Neurologists

Mandel E. Cohen, M.D.
Philip R. Dodge, M.D.
C. Miller Fisher, M.D.
Vincent P. Perlo, M.D.
Edward P. Richardson, M.D.
Robert S. Schwab, M.D.

Associate Neurologists

Pierre M. Dreyfus, M.D.
William H. Timberlake, M.D.
Henry deF. Webster, M.D.

Assistant Neurologists

Hugo W. Moser, M.D.
Ernest H. Picard, M.D.
David C. Poskanzer, M.D.
Richard L. Sidman, M.D.
Karel van Syckel Toll, M.D.
Gerald F. Winkler, M.D.

Assistants in Neurology

Barry G. W. Arnason, M.D.
Arthur K. Asbury, M.D.
Albert C. England, Jr., M.D.
T. Corwin Fleming, M.D.
Robert E. Flynn, M.D.
Peter R. Huttenlocher, M.D.
Peter Rosenberger, M.D.
Frederick J. Samaha, M.D.
Mary L. Scholl, M.D.
Alfred D. Weiss, M.D.

Research Associate in Neurology (Pediatric)
Maria V. Z. Salam, M.D.

Neurophysiologists
John S. Barlow, M.D.
Elwood Henneman, M.D.

Psychologist
Murray Sidman, PH.D.

Associate Psychologists
James G. Holland, PH.D.
Lawrence T. Stoddard, PH.D.

Assistant Psychologist
Harry A. Mackay, M.D.

Associate Biochemist
John Gergely, M.D.

Assistant Biochemist
Mary L. Efron, M.D.

PSYCHIATRY

Acting Chief of Service
*John C. Nemiah, M.D.

Psychiatrists
Gerald Caplan, M.D.
Morris E. Chafetz, M.D.
*Frank R. Ervin, M.D.
Paul M. Howard, M.D.
Gardner C. Quarton, M.D.
Peter E. Sifneos, M.D.
Alfred H. Stanton, M.D.
Avery D. Weisman, M.D.
Elizabeth R. Zetzel, M.D.

Associate Psychiatrists
Herbert J. Barry, Jr., M.D.
Robert L. Bragg, M.D.
Frederick J. Duhl, M.D.
Thomas Dwyer, M.D.
*Thomas P. Hackett, M.D.
Richmond Holder, M.D.
John H. Lamont, M.D.
Walter Mann, M.D.
*Jack H. Mendelson, M.D.
David E. Reiser, M.D.
Samuel Silverman, M.D.
Jerome L. Weinberger, M.D.

Assistant Psychiatrists
Clemens E. Benda, M.D.
Norman R. Bernstein, M.D.
Frances J. Bonner, M.D.
Franklin Carter, M.D.
John G. Clark, M.D.
Gerald E. Davidson, M.D.
Daniel C. Dawes, M.D.
William H. Eger, M.D.
Freddy H. Frankel, M.D.
Phillip H. Gates, M.D.
Benjamin F. Gill, M.D.
Helen M. Herzan, M.D.
Pierre Johannet, M.D.
Samuel Kaplan, M.D.
Maria Lorenz, M.D.
Edward A. Mason, M.D.
Milton Mazer, M.D.
Edward Messner, M.D.
*Harry S. Olin, M.D.
Maxwell G. Potter, M.D.
Leonard R. Weiner, M.D.

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*Hall-Mercer Hospital Staff

Assistants in Psychiatry

Herbert S. Cline, M.D.
Lucille P. Carter, M.D.
Pattison Esmiol, M.D.
Abraham L. Finesinger, M.D.
William Gray, M.D.
Martin J. Kantor, M.D.
Herbert O. LeVine, M.D.
George W. Rever, M.D.
Jack O. Rice, M.D.
William Sharpe, Jr., M.D.
William R. Shelton, M.D.
Danuta Stachiewicz, M.D.
Harold W. Williams, Jr., M.D.

Clinical Associates in Psychiatry

Ruth M. Crossfield, M.D.
Peter B. Hagopian, M.D.
Bellenden R. Hutcheson, M.D.
Arthur W. McMahon, M.D.
Lionelle D. Wells, M.D.

Clinical Assistants in Psychiatry

Joseph H. Brenner, M.D.
William Davidson, M.D.
Theodore J. Dreier, Jr., M.D.
Matthew P. Dumont, M.D.
Donald J. Fern, M.D.
Bruce W. Fischberg, M.D.
Richard H. Hartman, M.D.
Alfred Koumans, M.D.
Miguel Leibovich, M.D.

Psychologists

Marc A. Fried, PH.D.
Judy F. Rosenblith, PH.D.
Gene M. Smith, PH.D.
*George A. Talland, PH.D.
John M. von Felsinger, PH.D.

Associate Psychologists

Howard T. Blane, PH.D.
Donald C. Klein, PH.D.
Nancy Mello, PH.D.
Robert C. Misch, PH.D.
Richard R. Peebles, PH.D.
Irving Wolf, PH.D.

Assistant Psychologists

Sherry Autor, PH.D
Lenin A. Baler, PH.D.
Frank M. Buckley, PH.D.
Iris E. Fodor, PH.D.
Peter Lawrence Gill, PH.D.
James J. Muller, PH.D.
Alvin J. Simmons, PH.D.

Assistants in Psychology

Rosalind C. Barnett, PH.D.
Claire A. Fishman, PH.D.

Associate Sociologist

Louisa P. Howe, PH.D.

Assistant Sociologists

Mark G. Field, PH.D.
Peggy J. Golde, PH.D.
Irving K. Zola, PH.D.

Assistant In Mathematics

Stephen Lorch

---

*Hall-Mercer Hospital Staff

CHILDREN'S SERVICE

Chief of Service

Nathan B. Talbot, M.D.

Pediatricians

Leo B. Burgin, M.D.
John D. Crawford, M.D.
Philip R. Dodge, M.D.
Ralph A. Ross, M.D.

Associate Pediatricians

T. Berry Brazelton, M.D.
John P. Connelly, M.D.
Leroy L. Eldredge, M.D.
Lawrence J. Essember, M.D.
Richard B. Kearsley, M.D.
John Littlefield, M.D.
Thomas C. Peebles, M.D.
Robert T. Sceery, M.D.
Mary Louise Scholl, M.D.
Rudolf Toch, M.D.

Assistant Pediatricians

William D. Cochran, M.D.
Nathan H. Fearer, M.D.
Joseph W. Fowler, III, M.D.
Herbert A. Haessler, M.D.
Philip J. Porter, M.D.
Edward F. Rabe, M.D.
John S. Robey, M.D.
Benjamin Sachs, M.D.
Boris Senior, M.D.
Dorothy B. Villee, M.D.

Assistants in Pediatrics

Arnold D. Fiascone, M.D.
Allan Goldblatt, M.D.
Andrew D. Guthrie, Jr., M.D.
Peter R. Huttenlocher, M.D.
John B. Joseph, M.D.
M. Edward Keenan, M.D.
David J. Lang, M.D.
Eileen M. Ouellette, M.D.
Stephen L. Reynolds, M.D.
Peter B. Rosenberger, M.D.
Murray K. Rosenthal, M.D.
Jordan S. Ruboy, M.D.
Lois M. Smedley, M.D.
Lester F. Soyka, M.D.

Clinical Associates in Pediatrics

William J. Adelson, M.D.
Elroy E. Anderson, M.D.
Donald J. Annino, M.D.
Doris R. Bennett, M.D.
James J. A. Cavanaugh, M.D.
William A. Dickson, M.D.
Robert A. Driscoll, M.D.
John A. Duggan, M.D.
Edward C. Dyer, M.D.
John G. Flynn, M.D.
Thomas Frank, M.D.
George A. Glines, M.D.
Theodore S. Golden, M.D.
Gerald W. Hazard, M.D.
Joseph L. Lewis, M.D.
Joseph J. McGovern, M.D.
Edward F. McGrath, M.D.
Francis C. McDonald, M.D.
Alexander S. MacDonald, M.D.
Donald M. Muirhead, Jr., M.D.
Charlotte G. Neumann, M.D.
James A. O'Shea, M.D.
William Pfeffer, Jr., M.D.
Walter Pick, M.D.
Charles V. Pryles, M.D.
Leonard H. Plotkin, M.D.
Robert H. Richie, Jr., M.D.
Marion L. Slemons, M.D.
Joseph F. Stocks, M.D.
Wilhelmina Van Dyke, M.D.
Richard H. Watson, M.D.
Robert F. Wilson, M.D.
Thomas J. Whitfield, M.D.
Eleanore C. Zaudy, M.D.
Alan Ziskind, M.D.

Psychologist
Jerome Kagan, PH.D.

Staff assigned from other Services and Departments

Anesthesia:	Talbot D. Seigne, M.D.
Dental Medicine:	David Weisberger, D.M.D., M.D.
Dermatology:	Richard Masters, M.D.
General Surgery:	W. Hardy Hendren, III, M.D. W. Gerald Austen, M.D. John D. Constable, M.D. William C. Quinby, Jr., M.D.
Gynecologic Surgery:	Howard Ulfelder, M.D.
Neurology:	Hugo W. Moser, M.D. Mary L. Efron, M.D.
Orthopedic Surgery:	J. Drennan Lowell, M.D. Clement B. Sledge, M.D.
Psychiatry:	Richmond Holder, M.D. George W. Rever, M.D.
Radiology:	Alfred L. Weber, M.D.
Urological Surgery:	Guy W. Leadbetter, M.D.

SURGICAL DIVISION

GENERAL SURGERY

Chief of Surgical Services

Paul S. Russell, M.D.

Visiting Surgeons

W. Gerald Austen, M.D.
Marshall K. Bartlett, M.D.
Bradford Cannon, M.D.
Oliver Cope, M.D.
Gordon A. Donaldson, M.D.
F. Thomas Gephart, M.D.
Edward Hamlin, Jr., M.D.
Francis M. Ingersoll, M.D.
George L. Nardi, M.D.
J. Gordon Scannell, M.D.
Claude E. Welch, M.D.

Associate Visiting Surgeons

John F. Burke, M.D.
Thomas H. Green, Jr., M.D.
Hermes C. Grillo, M.D.
W. Hardy Hendren, M.D.
John W. Raker, M.D.
George S. Richardson, M.D.
Grant V. Rodkey, M.D.
*Robert S. Shaw, M.D.
Frank C. Wheelock, Jr., M.D.
Earle W. Wilkins, Jr., M.D.

Assistant Surgeons

Benjamin A. Barnes, M.D.
Glenn E. Behringer, M.D.
Edwin L. Carter, M.D.
John D. Constable, M.D.
R. Clement Darling, M.D.
John M. Head, M.D.
Charles E. Huggins, M.D.
John B. McKittrick, M.D.
Charles G. Mixter, Jr., M.D.
Anthony P. Monaco, M.D.
William C. Quinby, Jr., M.D.
William P. Rogers, Jr., M.D.
Edwin W. Salzman, M.D.

Assistants in Surgery

John W. Grover, M.D.
Stephen E. Hedberg, M.D.
Arthur L. Herbst, M.D.
Lawrence J. Malone, M.D.
Ronald A. Malt, M.D.
Charles F. McKhann, M.D.
Chiu-an Wang, M.D.

Clinical Associates in Surgery

Richard C. Austin, M.D.
Martin J. Bellinger, M.D.
Charles B. Burbank, M.D.
Richard R. Curtin, M.D.
Chester J. Dexter, M.D.
George F. Emerson, M.D.
Edward L. Ferguson, M.D.
Gerald G. Garcelon, M.D.
Frank W. Garran, Jr., M.D.
Walter E. Garrey, M.D.
Ward I. Gregg, M.D.
Irad B. Hardy, M.D.
Clement A. Hiebert, M.D.
Joseph A. Holmes, M.D.
William K. McClelland, M.D.
Carroll C. Miller, M.D.
Joseph E. Murray, M.D.
Anthony S. Patton, M.D.
Spiros P. Sarris, M.D.
James M. Shannon, M.D.
Richard H. Thompson, M.D.
Masao Yatsuhashi, M.D.

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*On leave of absence

Clinical Assistants in Surgery

James M. Doonan, M.D.
Paul F. Gryska, M.D.
Eugene A. Guralnick, M.D.
John McE. Moran, M.D.
Peter J. Mozden, M.D.
John V. Pikula, M.D.
Aram Roopenian, M.D.
John L. Rowbotham, M.D.
D. Albert Young, M.D.

Associate Biologist

Leona Zarcharias, PH.D.

Associate Immunologist

Henry J. Winn, PH.D.

Associate in Biology

Lee V. Leak, M.D.

ANESTHESIA

Chief of Service

Henry K. Beecher, M.D.

Anesthetists

Henrik Holt Bendixen, M.D.
Phillips Hallowell, M.D.
Donald P. Todd, M.D.

Associate Anesthetists

George E. Battit, M.D.
Lawrence D. Egbert, M.D.
John W. D. Garrett, M.D.
John Hedley-Whyte, M.B., B. CHIR.
Myron B. Laver, M.D.
Henning Pontoppidan, M.D.

Assistant Anesthetists

Cesare G. Coletta, M.D.
Suzanne J. Lamdin, M.D.
Bucknam McPeek, M.D.
Roger H. Morris, M.D.
John D. Murphy, M.D.
Talbot D. Seigne, M.B., B.CHIR.
Howard A. Trachtenberg, M.D.
Sarita G. Walzer, M.D.

Assistants in Anesthesia

Brian C. Dalton, M.D.
Thomas J. Keenan, M.D.
Rita A. Manzi, M.D.
Edward Lowenstein, M.D.

Psychologist

Gene M. Smith, PH.D.

Assistant Psychologist

James E. Anliker, PH.D.

GYNECOLOGY

Chief of Service
Howard Ulfelder, M.D.

Staff shared with General Medical and Surgical Services

Clinical Associates
Robert H. Baker, M.D.
A. Gordon Gauld, M.D.
John L. Newell, M.D.
Charles P. Sheldon, M.D.
Bartlett H. Stone, M.D.

NEUROSURGERY

Chief of Service
William H. Sweet, M.D., D.SC.

Visiting Neurosurgeon
H. Thomas Ballantine, Jr., M.D.

Assistant Neurosurgeons
Hannibal Hamlin, M.D.
Raymond N. Kjellberg, M.D.

Assistants in Neurosurgery
Robert G. Ojemann, M.D.
R. Lewis Wright, M.D.

Associate Biochemist in Neurosurgery
Adelbert Ames, III, M.D.

Associate Biologist in Neurosurgery
John Garcia, PH.D.

Associate Chemist in Neurosurgery
Albert H. Soloway, PH.D.

Assistant Biophysicist in Neurosurgery
Stanley Bullivant, PH.D.

Assistant Neurophysiologists in Neurosurgery
Padmakar P. Lele, M.D., PH.D.
Daniel A. Pollen, M.D.

Assistant Psychologist in Neurosurgery
Marianne L. Simmel, PH.D.

Clinical Associates in Neurosurgery
Hurray H. Helfant, M.D.
Vernon H. Mark, M.D.
Jost J. Michelsen, M.D.

Clinical Assistants in Neurosurgery
Yechiel D. Heilbronn, M.D.
Harold A. Wilkinson, M.D.

ORTHOPEDIC SURGERY

Chief of Service
Melvin J. Glimcher, M.D.

Consulting Visiting Orthopedic Surgeon
Edwin F. Cave, M.D.

Visiting Orthopedic Surgeons
Otto E. Aufranc, M.D.
Thornton Brown, M.D.
Carter R. Rowe, M.D.

Associate Orthopedic Surgeons
Eugene E. Record, M.D.
John A. Reidy, M.D.

Assistant Orthopedic Surgeons
Thomas L. DeLorme, M.D.
William H. Harris, M.D.
William N. Jones, M.D.
J. Drennan Lowell, M.D.
William R. MacAusland, Jr., M.D.
Donald S. Pierce, M.D.
Morton Smith-Petersen, M.D.

Assistants in Orthopedic Surgery
Robert J. Boyd, M.D.
Robert B. Brendze, M.D.
William L. Kermond, M.D.
Richard A. Mayo, M.D.
Edward A. Nalebuff, M.D.
Edward J. Riseborough, M.D.
Clement B. Sledge, M.D.
Edwin T. Wyman, Jr., M.D.

Clinical Associate in Orthopedic Surgery
Thomas F. Broderick, Jr., M.D.

Podiatrist
John D. McLean, D.S.C.

Assistant Podiatrists
Edward R. Bloom, D.S.C.
Donald D. Donovan, D.S.C.
Ralph W. Spinelli, D.S.C.
Homer J. Squires, D.S.C.

Clinical Assistant in Orthopedic Surgery
Hugh P. Chandler, M.D.

Clinical Assistants to the Orthopedic Outpatient Department
James S. Hewson, M.D.
Philip I. Salib, M.D.

Assistant Biologist in Orthopedic Surgery
Dorothy F. Travis, PH.D.

Assistant Biochemist in Orthopedic Surgery
M. Vernon King, PH.D.

UROLOGY

Chief of Service
Wyland F. Leadbetter, M.D.

Consulting Visiting Urologist

Sylvester B. Kelley, M.D.

Visiting Urologists

Walter S. Kerr, Jr., M.D.
Howard I. Suby, M.D.

Assistant Urologists

Guy W. Leadbetter, Jr., M.D.
Edward C. Parkhurst, M.D.
Lorande M. Woodruff, M.D.

Assistants in Urology

Joshua J. Hurwitz, M.D.
Harold A. Rudy, M.D.
William L. Strickler, M.D.

DENTAL MEDICINE

Oral Surgeon and Chief of Dental Medicine

David Weisberger, D.M.D., M.D.

Assistant Oral Surgeons

Harold A. Carnes, D.M.D.
Henry J. Carney, D.M.D.
George Christman, D.M.D.
Walter C. Guralnick, D.M.D.
Richard L. Miner, D.D.S.
Morton J. Olin, D.M.D.
Earle H. Rosenberg, D.M.D.

Dental Surgeons

Barry J. Agranat, D.M.D
Harold A. Bratt, D.M.D.
William L. Cosgrove, D.M.D.
Peter A. Dempsey, D.M.D.
Charles H. Endee, D.M.D.
Henry D. Howe, D.M.D.
Peter G. Kimball, D.M.D.
Owen W. Kite, D.D.S.
Glenn W. Lawrence, D.M.D.
Robert C. Lincoln, D.M.D.
Frederick K. Poulin, D.M.D.
Donald B. Rae, D.D.S.
Frank I. Rhodes, D.M.D.
Keith A. Shangraw, D.M.D.
Leonard B. Shulman, D.M.D.
J. Henry Stempien, D.M.D.
William H. Tingey, Jr., D.M.D.
Earle J. Waddington, D.M.D.

Assistant Dental Surgeons

Laurence I. Barsh, D.M.D.
Julius J. Levitan, D.M.D.
Joseph C. Oakley, D.M.D.
Symon C. Polansky, D.M.D.
John B. Taylor, D.D.S.

Clinical Associates in Dental Medicine

Herman DeWilde, D.M.D.
Daniel J. Holland, Jr., D.D.S.
George M. Noss, D.M.D.
Charles E. Rounds, D.M.D.
Edward L. Sleeper D.D.S.

DEPARTMENTS

PATHOLOGY

Chief of Department
Benjamin Castleman, M.D.

Pathologists
Richard B. Cohen, M.D.
Robert E. Scully, M.D.
Edgar B. Taft, M.D.
Austin L. Vickery, Jr., M.D.

Associate Pathologists
Leonard Atkins, M.D.
Wallace H. Clark, Jr., M.D.
James B. Caulfield, M.D.

Associate Visiting Pathologist
Ronald C. Sniffen, M.D.

Assistant Pathologists
Karoly Balogh, M.D.
Martin H. Flax, M.D.
Wallace A. Jones, M.D.
Sanford I. Roth, M.D.
Priscilla Dienes Taft, M.D.

Assistant in Pathology
Hubert J. Wolfe, M.D.

Clinical Associate in Pathology
Robert Fienberg, M.D.

Clinical Assistants in Pathology
Sheldon Cooperman, M.D.
G. Richard Dickersin, M.D.
Robert S. Harper, M.D.
George F. Kwass, M.D.

Neuropathologists
Raymond D. Adams, M.D.
Edward P. Richardson, M.D.

Associate Neuropathologist
C. Miller Fisher, M.D.

Assistant Neuropathologist
Henry deF. Webster, M.D.

Assistant in Biology,
Barbara H. Sanford, PH.D.

BIOCHEMICAL RESEARCH

Henry S. Wellcome Research Biochemist
Herman M. Kalckar, M.D., PH.D.

Assistant Biochemists

Robert A. Darrow, PH.D.
Kaney Ebisuzaki, PH.D.
Hiroshi Nikaido, M.D., PH.D.
Annette M. C. Rapin, PH.D.

Assistant in Biochemistry

Erika E. Randerath, PH.D.

BACTERIOLOGY

Bacteriologist

Lawrence J. Kunz, PH.D.

Assistant Bacteriologists

Theodore F. Medrek, PH.D.
Barbara K. Watson, PH.D.

CLINICAL CHEMISTRY LABORATORIES

Chief

Sidney V. Rieder, M.D.

CLINICAL LABORATORIES

Director

William S. Beck, M.D.

RADIOLOGY

Chief of Department

Laurence L. Robbins, M.D.

Radiologists

Milford D. Schulz, M.D.
Stanley M. Wyman, M.D.

Associate Radiologists

Jack R. Dreyfuss, M.D.
J. Malcolm MacNeill, M.D.
Paul F. J. New, M.D.
Henry P. Pendergrass, M.D
Majic S. Potsaid, M.D.
Chiu-chen Wang, M.D.

Visiting Radiologist

Lucy F. Squire, M.D.

Assistant Radiologists

Robert E. Dinsmore, M.D.
Frederick S. Tomchik, M.D.
Alfred L. Weber, M.D.

Assistants in Radiology

Stanley P. Bohrer, M.D.
D. Neil Dickson, M.D.
Murray L. Janower, M.D.
Robert A. Nebesar, M.D.
James J. Pollard, M.D.
Roland G. Ware, M.D.

Clinical Associates in Radiology

Joseph Hanelin, M.D.
H. Peter Mueller, M.D.
Richard G. O'Brien, M.D.

Clinical Assistants in Radiology

D. Glyn Millard, M.D.
Abbott R. Miller, M.D.
James A. Peterson, M.D.
John T. Pollard, Jr., M.D.

Physicist

Edward W. Webster, PH.D.

Assistant Physicist

Hing-Har Lo, M.D.

Engineer

Malcolm Mackay

PHYSICAL MEDICINE

Chief of Physical Medicine

Arthur L. Watkins, M.D.

BLOOD BANK AND TRANSFUSION SERVICE

Director

Morten Grove-Rasmussen, M.D.

Assistant Directors

Anthony F. M. Britten, M.D.
Charles E. Huggins, M.D.
Edwin W. Salzman, M.D.
*Robert S. Shaw, M.D.

CONSULTANTS

Consultant in Medicine

Benjamin G. Ferris, M.D.

Consultants in Preventive Medicine

John E. Gordon, M.D.
David D. Rutstein, M.D.

Consultant in Tropical Diseases

George C. Shattuck, M.D.

Consultant in Mathematics to the Physics Research Laboratory, Department of Medicine

George P. Wadsworth

Consultant to the Physics Research Laboratory, Department of Medicine

M. Stanley Livingston, PH.D., D.SC.

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*On leave of absence

Consultant in Biomathematics, Department of Psychiatry

Theodore A. Kalin, SC.B

Consultant in Neuropathology

Paul I. Yakovlev, M.D.

Consultants to Children's Service

William Berenberg, M.D.
Stewart H. Clifford, M.D.
Louis K. Diamond, M.D.
Alexander S. Nadas, M.D.

Consultant in Neonatology

Clement A. Smith, M.D.

Consultant in Biophysics in Neurosurgery

Eugene Bell, M.SC., PH.D.

Consultants to Orthopedic Service

Morris Cohen, M.D.
Robert J. Hansen, SC.D.

Consultant in Physics to Orthopedic Service

George Scatchard, PH.D.

Consultant in Pathology

Walter G. J. Putschar, M.D.

Consultant in Forensic Pathology

Michael A. Luongo, M.D.

Consultants in Radiology

Henry I. Kohn, PH.D., M.D.
Richard Schatzki, M.D.
Edward B. D. Neuhauser, M.D.
Melvin Tefft, M.D.

Consultants in Physics

Robley D. Evans, PH.D.
John G. Trump, D.SC.

Consultants in Pharmacology

Oleg Jardetzky, M.D., PH.D.
Otto Krayer, M.D.

Consultant in Chemical Engineering

Edward W. Merrill, D.SC.

HOUSE STAFF

Residents and Interns
As of January 1, 1966

Medicine

Chief Resident: Samuel O. Thier, M.D.

Residents:

Peter Van D. Barrett, M.D.
George P. Canellos, M.D.
Lloyd A. Ferguson, M.D.
Lawrence M. Klainer, M.D.
Michael D. Klein, M.D.
Gerald S. Levey, M.D.
Kenneth I. Shine, M.D.
Charles Weingarten, M.D.

Assistant Residents:

William G. Baker, Jr., M.D.
Peter C. Block, M.D.
Joseph M. Flanagan, M.D.
Elizabeth W. Frederick, M.D.
Charles J. Glueck, M.D.
Ronald B. Herberman, M.D.
Cyrus C. Hopkins, M.D.
Adolf W. Karchmer, M.D.
Robert S. Lawrence, M.D.
James C. McFarland, M.D.
Jerome E. Rygorsky, M.D.
Gabriel H. Schwartz, M.D.
Oscar D. Taunton, M.D.
William T. Thach, Jr., M.D.

Interns:

John P. Blass, M.D.
Hollis B. Brewer, Jr., M.D.
Edward B. Gilmore, M.D.
Antonio M. Gotto, Jr., M.D.
Martin L. Greene, M.D.
John T. Harrington, Jr., M.D.
Terry Langer, M.D.
Richard A. Loescher, M.D.
Ferid Murad, M.D.
Gilbert S. Omenn, M.D.
Edward M. Scolnick, M.D.
Thomas W. Smith, M.D.
Michael M. Stewart, M.D.
James T. Willerson, M.D.

Dermatology

Assistant Residents:

David A. Fisher, M.D.
William F. Gallagher, Jr., M.D.
Paul McKenna, M.D.
David R. Moloney, M.D.
Andrew A. Simone, M.D.
Edward G. Toomey, M.D.

Neurology

Resident: John R. Baringer, M.D.

Assistant Residents:

George R. Delong, M.D.
Martin C. Raff, M.D.
Michael J. Moore, M.D.

Psychiatry

Assistant Residents:

Thomas L. Chiu, M.D.
Marianne Dierks, M.D.
Thomas R. Verny, M.D.

Children's

Chief Resident: Richard C. Talamo, M.D.

Residents:

- David M. Asher, M.D.
- John M. Cohen, M.D.
- Darryl C. DeVivo, M.D.
- Thorlakur S. Halldorsson, M.D.
- William B. Henry, M.D.
- James P. Keating, M.D.
- Bruce M. Rosenberg, M.D.
- Arnold L. Smith, M.D.
- Joseph J. Volpe, M.D.

Assistant Resident: Martin H. Greenberg, M.D.

Interns:

- Judith P. Gieske, M.D.
- Andrew W. Glass, M.D.
- David T. Greenleaf, M.D.
- John W. Scanlon, M.D.

Surgery

Residents:

- Mortimer J. Buckley, Jr., M.D.
- Leslie W. Ottinger, M.D.

First Assistant Residents:

- John D. Burrington, M.D.
- Willard M. Daggett, Jr., M.D.
- Michael E. Jabaley, M.D.
- S. Bertrand Litwin, M.D.
- Joseph J. McNamara, M.D.
- Eldred D. Mundth, M.D.
- John T. Porvaznik, Jr., M.D.
- *Bruce E. Zawacki, M.D.

Sceond Assistant Residents:

- George Andros, M.D.
- Ali A. Barekat, M.D.
- Sheldon C. Binder, M.D.
- Wallace H.-J. Chang, M.D.
- Joseph M. Civetta, M.D.
- Robert J. Corry, M.D.
- Josef E. Fischer, M.D.
- Preston H. Gada, M.D.
- George A. May, Jr., M.D.
- Ashby C. Moncure, M.D.
- Bruce D. Nelson, M.D.
- Dennis D. O'Keefe, M.D.
- Joseph B. Philipson, Jr., M.D.

Third Assistant Residents:

- David S. Chapin, M.D.
- Paul H. Chapman, M.D.
- Joel D. Cooper, M.D.
- A. Benedict Cosimi, M.D.
- Stephen P. Dretler, M.D.
- Paul L. Kornblith, M.D.
- Michael T. McEnany, M.D.
- Jack M. Monchik, M.D.
- William R. Moore, M.D.
- John B. Mulliken, M.D.
- Martin J. Nathan, M.D.
- James J. Ryan, M.D.
- Donald G. Skinner, M.D.

Interns:

- Nelson A. Burstein, M.D.
- Max H. Cohen, M.D.
- Joseph V. Hajek, M.D.
- Eric H. Johnson, M.D.
- Barry D. Kahan, M.D.
- Ambrose P. McLaughlin, III, M.D.
- Charles G. Mixter, III, M.D.
- Richard S. Myers, M.D.
- Melvin R. Platt, M.D.
- Willis H. Williams, M.D.
- Laurence E. Wolf, M.D.
- Michael G. Worthington, M.D.

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*On leave of absence

Neurosurgery

Assistant Residents:

Jerald S. Brodkey, M.D.
Charles E. Brown, M.D.
Robert C. Cantu, M.D.
Yechiel D. Heilbronn, M.D.
Alberto Prieto, Jr., M.D.
John M. Tew, M.D.
James G. Wepsic, M.D.
Shyam B. Yodh, M.D.

Anesthesia

Chief Resident: John H. Barsch, M.D.

Assistant Residents:

Wayne E. Baldwin, M.D.
Elizabeth M. Daly, M.D.
Dora R. Empson, M.D.
Chester J. Flynn, M.D.
Stephen H. Jackson, M.D.
Kenneth M. Janis, M.D.
Janusz F. Kacki, M.D.
Ronald R. Larson, M.D.
Irena K. Michalska, M.D.
Pere A. Owen, M.D.
F. Howard Taggart, Jr., M.D.
Arthur D. Thomas, M.D.
Camilo Vidal, M.D.
Sybil W. Woo, M.D.

Orthopedic

Residents:

Michael A. Ashworth, M.D.
John E. Larkin, Jr., M.D.
Joseph L. Shaw, M.D.
Roderick Turner, M.D.

Assistant Residents:

Joseph S. Barr, Jr., M.D.
Benjamin E. Bierbaum, M.D.
Edward L. Coffey, Jr., M.D.
William T. Green, Jr., M.D.
Norton H. Lithwick, M.D.
Richard G. McCollum, M.D.
Mohinder Mital, M.D.
E. William Schmitt, Jr., M.D.

Urology

Resident: Frank E. Carlton, M.D.

Assistant Residents:

Elwin E. Fraley, M.D.
Ruben F. Gittes, M.D.
Thomas R. Hakala, M.D.
Donald B. Halverstadt, M.D.
Philip J. Howard, Jr., M.D.
Richard B. Raines, M.D.

Pathology

Residents:

Sheldon Baddock, M.D.
Francisco Civantos, M.D.
Norman G. P. Helgeson, M.D.

Assistant Residents:

Verne S. Caviness, Jr., M.D.
James J. Daly, M.D.
James J. Galdabini, M.D.
John W. Mason, M.D.
Takashi Okagaki, M.D.
Joel Umlas, M.D.

Intern: Roger A. Williams, M.D.

Radiology

Residents:

Gerald M. Kolodny, M.D
Ronald A. Seltzer, M.D.
Dale E. Wenlund, M.D.
Jack Wittenberg, M.D.
George F. Zinninger, M.D.

Assistant Residents:

Stanley B. Eaton, M.D.
Joseph T. Ferrucci, Jr., M.D.
Donald J. Fleischli, M.D.
Francis J. Gallia, M.D.
Reginald E. Greene, M.D.
Bruce J. Haskin, M.D.
Charles K. Jenkins, M.D.
Thomas E. Shea, M.D.
Milton A. Weiner, M.D.

Dental

Resident: Robert E. Evans, D.M.D.

Assistant Resident: Arthur L. Sperling, D.M.D.

Intern: Lewis B. Harden, D.M.D.

CLINICAL AND RESEARCH FELLOWS

Medicine

David H. Alpers, M.D.
Bernard W. Benard, M.D.
Marvin Bernstein, M.D.
Anil K. Bhattacharyya, PH.D.
John Bienenstock, M.D.
Eduardo L. Bobadilla, M.D.
Anthony F. H. Britten, M.D.
Romaine R. Bruns, PH.D.
Matthew A. Budd, M.D.
Hans R. Burgi, M.D.
Renata E. Cathou, PH.D.
Anwar U. Chowdhury, M.B.B.S.
Cecil H. Coggins, M.D.
Robert B. Copeland, M.D.
Howard B. Corning, M.D.
Dharam Vir Datta, M.D.
Frank F. Davidoff, M.D.
Albert R. Deep, M.D.
Charles H. Doering, PH.D.
Theodore L. Donmoyer, M.D.
Maria Luisa Dufau, M.D.
Richard J. Duma, M.D.
Mary M. Eichhorn, PH.D.
Jack E. Farnham, M.D.
Allison B. Felarca, M.D.
Gordon G. Forstner, M.D.
Joseph W. Fowler, III, M.D.
N. Robert Frank, M.D.
Kenneth H. Gabbay, M.D.
Jack M. George, M.D.
Edmund H. Geschicter, M.D.
Stephen E. Goldfinger, M.D.
Paul H. Gross, D.SC.
Garrett A. Hagen, M.D.
John A. Haines, PH.D.
Audrey E. V. Haschemeyer, PH.D.
John W. B. Hershey, PH.D.
Otomatsu Hoshino, PH.D.
George A. Jacoby, Jr., M.D.
Claude M. Janeway, PH.D.
John J. Jeffrey, Jr., PH.D.
Robert E. Kahn, M.D.
Harry J. Karavolas, PH.D.
Yashwant D. Karkhanis, PH.D.
Madhukar G. Karmarkar, PH.D.
John A. Kastor, M.D.
Maximiliaan G. Kaulbach, M.D.
Ulrich R. Kleeberg, M.D.
Sudarshan Kumar, M.D.
Harvey J. Lewis, M.D.

David M. Linekin, PH.D.
Manuel Lopez, M.D.
Donald McCaughen, M.D.
Gerald Medoff, M.D.
Edoardo Menini, PH.D.
Lawrence M. Miller, M.D.
Frederick L. Moolten, M.D.
Joaquin Mouriz, M.D.
Alberto Munoz, M.D.
Raymond L. H. Murphy, Jr., M.D.
Alexander M. Neville, M.D.
Hiroshi Ohta, M.D.
David W. Parsons, M.D.
Peter Perchemlides, PH.D.
Wong Chiu Ping, M.D.
Joseph G. Pittman, M.D.
Jan Polissar, M.D.
Albert L. Politoff, M.D.
Jacques R. Poortmans, PH.D.
Elinor D. U. Powell, M.D.
Eduardo Pretell, M.D.
Alla R. Reddy, PH.D.
Michael K. Rees, M.D.
Stanley J. Reiser, M.D.
Frank F. Richards, M.D.
John B. Rodgers, M.D.
Fernando G. Rojas, M.D.
Barbara J. Rosen, M.D.
Howard E. Rotner, M.D.
Mark Ruderman, M.D.
Klaus R. F. Schiller, M.D.
Peter Schofield, PH.D.
Daniel C. Shannon, M.D.
Geoffrey W. G. Sharp, PH.D.
Martin J. Smith, M.D.
Louis M. Snyder, M.D.
William B. Stason, M.D.
Isadore Starr, M.D.
Daniel J. Stechschulte, M.D.
Denise J. Strieder, M.D.
Yolando Q. M. Sulit, M.D.
Kay Tanaka, M.D.
Mohammed M. M. Uwaydan, M.D
Martin D. Valentine, M.D.
Michel B. Valotton, M.D.
Henri G. Vetter, E.E
Ian L. Weatherall, PH.D.
Dale A. Webster, PH.D.
Ta-hsien Wei, PH.D.
Uri Zehavi, PH.D.

Dermatology

Edgar Frenk, M.D.
Kiitchi Ishikawa, M.D.
Raymond J. McGill, M.D.
Martin C. Mihm, Jr., M.D.
E. Laurie Tolman, M.D.

Psychiatry

Harold Abramowitz, M.D.
Joanne Angelo, M.D.
Sanford M. Autor, PH.D.
Jane E. Bain, M.D.
Samuel H. Barondes, M.D.
Carmen E. Brown, D.M.D.
Charles E. Brown, M.D.
Jerry J. I. Cooper, M.D.
Robert Cserr, M.D.
Philip D. Cutter, M.D.
Woodrow M. Donovan, M.D.
Amir M. Farhadi, M.D.
Stefanie K. Greene, M.D.
Frank Haendel, M.D.
Duane Q. Hagen, M.D.
Eddie H. Harris, M.D.
Robert P. Hopkins, M.D.
Masaya Jimbo, M.D.
Bruce R. Johnson, PH.D.
Dubravko M. Kuftinec, M.D.
Zlatko M. Kuftinec, M.D.
Robert Leff, M.D.
David Lelos, M.A.
Jean-Pierre Mach, M.D.
Peter R. Manes, M.D.
Michael T. McGuire, M.D.
Nancy J. McDonnell, M.D.
Arnold Miller, PH.D.

Allan H. Milofsky, M.D.
Motoi Ogata, M.D.
Jane B. Oldden, M.D.
Sirgay Sanger, M.D.
David G. Satin, M.D.
Bernardo S. Scheimberg, M.D.
Harvey M. Shein, M.D.
Larry H. Strasburger, M.D.
Michael J. Walker, M.D.
Kazuo Yamamoto, PH.D.

Pediatrics

Felocelia R. Deladisma, M.D.
Lewis B. Holmes, M.D.
Rosalinda A. Judan, M.D.
Aysun Kusakcioglu, M.D.
Christopher F. O'Connor, M.D.
Kathleen T. O'Shea, M.D.
John C. Robinson, M.D.
Ingeborg van Pelt, M.D.
Willem van Pelt, M.D.
Timple G. Wee, M.D.

Neurology

Thomas N. Chase, M.D.
John F. Griffith, M.D.
Dale McFarlin, M.D.
Andra H. Nash, M.D.
Shyam S. Pant, M.D.
Arthur L. Prensky, M.D.
Donald L. Price, M.D.
Vincent P. Sweeney, M.D.
Stephen L. Wanger, M.D.
Joel J. West, M.D.

Neuropathology

Laurent Descarries, M.D.
Edwin H. Kolodny, M.D.
Andre-Roch Lecours, M.D.
Eduardo Mirabal-Font, M.D.
Alan Pearlman, M.D.
Norman P. Rosman, M.D.
Jean J. Rubeiz, M.D.
Virgilia E. Sangalang, M.D.

Surgery

William M. Abbott, M.D.
Juan M. Acosta, M.D.
Tomas Angellilo-McKinley, M.D.
Conrado C. Bondoc, M.D.
Alvaro Caro, M.D.
W. Keith Eltringham, M.D.
Graeme L. Hammond, M.D.
Felix H. Harder, M.D.
Michel Jeannet, M.D.
Julio Joison, M.D.
Olga M. Jonasson, M.D.
Edward D. McLaughlin, M.D.
Peter J. Morris, M.D.
Samuel D. Nelson, M.D.
Anne W. Phillips, M.D.
Maruf A. Razzuk

Anesthesia

Joan M. Brown, M.D.
Leonard S. Bushnell, M.D.
Doris W. Cole, M.D.
Michel A. Duvelleroy, M.D.
Nancy Jo Engeset, M.D.
Joan W. Flacke, M.D.
Bennie Geffin, M.D.
Chawki Haddad, M.D.
Hartmut B. Heitmann, M.D.
Guenther E. Herpfer, M.D.
Olafur Jonsson, M.D.
Andrzej H. Michalski, M.D.
Mary J. Morris, M.B.B.S.
Patricia W. Osgood, A.B.
Kunio Suwa, M.D.
Judith A. Tassie, M.D.
Robin A. Van de Molen, M.B.
Dorothy A. Wescott, M.D.
Peter M. Winter, M.D.

Neurosurgery

Philippe F. Benda, M.D.
Toyoaki Chiba, M.D.
James E. Cleaver, PH.D.
Fritz Haslinger, PH.D.
Hiroshi Hatanaka, M.D.
Masayoshi Kowada, M.D.
Raul Marino, Jr., M.D.
Barbara A. Mella, M.B.
Heitaro Mogami, M.D.
Pasko Rakic, M.D.
Juan E. Roda, M.D.
David C. Smith, PH.D.
David S. Smith, PH.D.

Orthopedic Surgery

Anthony L. Andrikides, PH.D.
Laurence C. Bonar, PH.D.
Camille J. Francois, M.D.
Norman Gettes, M.D.
Anthony Higgins, M.D.
James I. Huddleston, M.D.
Elton P. Katz, PH.D.
Philip T. Levine, D.M.D.
Gerald L. Mechanic, PH.D.
Jerome M. Seyer, PH.D.
Clement B. Sledge, M.D.
George A. Van de Wyngaerde, M.D.

Pathology

Juanito B. Billote, M.D.
John B. Blennerhassett, M.D.
Arthur W. Duff, M.D.
Charles G. Huizenga, M.D.
Albert R. Keller, M.D.
Kilmer S. McCully, M.D.
Fernando G. Rojas, M.D.
Richard Allen Jaqua, M.D.
Gerald Nash, M.D.
Ronald S. Weinstein, M.D.

Radiology

Douglas H. Howry, M.D.
Joseph A. Gleeson, M.D.
Jack Momose, M.D.
Jorgen Stovring, M.D.
George W. Taylor, M.D.

Biochemical Research

Alexander U. Bertland, PH.D.

Dental Medicine

Zygmunt W. Poczatek, D.M.D.
Peter E. Strock, D.D.S.

McLEAN HOSPITAL

List of Officers of the McLean Hospital will be found on page 173

The Ophthalmological and Otolaryngological needs of the Massachusetts General Hospital are served by the Massachusetts Eye and Ear Infirmary. Their Staff becomes a part of the Staff of the Massachusetts General Hospital and is as follows:

MASSACHUSETTS EYE AND EAR INFIRMARY

Department of Ophthalmology

Chief of Ophthalmology

David G. Cogan, M.D.

Associate Chief of Ophthalmology

Carl C. Johnson, M.D.

Surgeons in Ophthalmology

Mahlon T. Easton, M.D.
Garrett L. Sullivan, M.D.
Albert E. Sloane, M.D.
Carl C. Johnson, M.D.
Earl S. Seale, M.D
Thomas Cavanaugh, M.D.

Associate Surgeons in Ophthalmology

Henry F. Allen, M.D.
W. Morton Grant, M.D.
Sumner D. Liebman, M.D.
Abraham Pollen, M.D.
Charles L. Schepens, M.D.
Harry E. Braconier, M.D.
Joseph M. Clough, M.D.
Karl Riemer, M.D.
Henry A. Mosher, M.D.
Francis J. West, M.D.
Robert J. Brockhurst, M.D.
Taylor R. Smith, M.D.
Alfred W. Scott, M.D.

Assistant Surgeons in Ophthalmology

Charles H. MacLaughlin, M.D.
Richard B. Pippitt, M.D.
David H. Scott, M.D.
Frederic B. Breed, M.D.
Warren D. Haley, M.D.
Thomas P. Cronin, M.D.
John M. Hill, M.D.
Arthur M. Morrissey, M.D.
Ichiro D. Okamura, M.D.
D. Robert Alpert, M.D.
Charles D. J. Regan, M.D.
David D. Donaldson, M.D.
S. Arthur Boruchoff, M.D.
Paul M. Runge, M.D.
Bertha Offenbach, M.D.
Richard B. Chapman, M.D.
Claes H. Dohlman, M.D.
Irving L. Pavlo, M.D.

Assistants in Ophthalmology

Lloyd M. Aiello, M.D.
Arthur F. Calnan, M.D.
John M. Carroll, M.D.
Eugene C. Ciccarelli, M.D.
Carl Gates Freese, Jr., M.D.
John R. Gehring, M.D.
Ralph H. Hinckley, M.D.
Roland E. Houle, M.D.
Paul D. Hurley, M.D.
B. Thomas Hutchinson, M.D.
Robert S. L. Kinder, M.D.
Arnold J. Kroll, M.D.
Carl Kupfer, M.D.
Robert C. Lawlor, M.D.
Byron S. Lingeman, M.D.
Irwin T. Mancall, M.D.
J. Wallace McMeel, M.D.
David Miller, M.D.
George M. Olive, Jr., M.D.
Robert D. Reinecke, M.D.
Richard M. Robb, M.D.
Perry Rosenthal, M.D.
Baruch J. Sachs, M.D.
Richard J. Simmons, M.D.
Donald R. Weis, M.D.
Michael Wiedman, M.D.
Jeremy B. Whitney, M.D.

Ophthalmic Pathology

Taylor R. Smith, M.D., *Director*
Toichiro Kuwabara, M.D., *Assistant*

DEPARTMENT OF OTOLARYNGOLOGY

Chief of Otolaryngology

Harold F. Schuknecht, M.D.

Surgeons in Otolaryngology

John R. Richardson, M.D.
John R. Frazee, M.D.
Joseph Lentine, M.D.
J. Charles Drooker, M.D.
Daniel Miller, M.D.
Donald K. Lewis, M.D.

Associate Surgeons in Otolaryngology

Herman J. Sternstein, M.D.
John E. McKeigue, M.D.
Bernard Zonderman, M.D.
Aram Roopenian, M.D.*
Charles Kent, M.D.
William W. Montgomery, M.D.
Robert E. Klotz, M.D.
Sidney R. Wilker, M.D.
Anthony Zovickian, M.D.*

Assistant Surgeons in Otolaryngology

Elizabeth DeBlois, M.D.
Hugo D. Angelini, M.D.
Louis E. Griffey, M.D.
William L. Hayden, M.D.
Thomas R. Klein, M.D.
Robert H. Lofgren, M.D.
Alfred L. Hurst, M.D.
Geza J. Jako, M.D.
John C. Trakas, M.D.

Assistants in Otolaryngology

Yale J. Berry, M.D.
Frank W. Brady, M.D.
Werner D. Chasin, M.D.
Robert W. Clubb, M.D.
Eugene H. Courtiss, M.D.*
Allan G. Edwards, Jr., M.D.
Richard R. Gacek, M.D.
Lawrence S. Hirsch, M.D.
Roy A. Johnson, M.D.
Donald G. Keamy, M.D.
John M. Kurkjian, M.D.
David L. Pierce, M.D.
Daniel J. Reagan, M.D.
S. Harold Reuter, M.D.
Mendell Robinson, M.D.
Sydney Shore, M.D.
Morris Swartz, M.D.
Albert Weiser, M.D.
Alfred D. Weiss, M.D.**

Director of Otolaryngological Pathology

Karoly Balogh, Jr., M.D.

Director of Radiology

Alexander S. Macmillan, Jr., M.D.

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*Plastic Operations
**Neurology

One Hundred and Fifty-Second Report of the Trustees

THE Surgical and Special Services Building Fund again had first priority on fund-raising efforts. Progress towards its construction continued through the year. Extensive temporary buildings were completed and occupied. Demolition was started on the northern side of the compound. After a lengthy study and finally a satisfactory solution of certan title problems of ancient origin, two small but much needed pieces of land were acquired, one being part of Allen Street and the other a parcel on Blossom Street. By early spring the project, having been on the drawing board since early in 1964, had progressed to the point where preliminary estimates of the cost of construction were available. Shortly thereafter the definite decision to proceed was made. In the early fall specifications were ready and put out for bids. The December opening of these showed that costs would be considerably higher than expected, but it was nevertheless decided to go ahead.

Expanding construction in Charles River Park so reduced the area that could be made available to the Hospital that by fall the parking problem had become critical. Meanwhile various plans for utilizing the land in front of the Hospital, such as by mechanical, ramp, and underground garages were explored at length. The cost of construction of such a facility large enough to provide sufficient space would have been extremely high. Fortunately, an area of over 300,000 square feet in the Boston & Maine railroad yards came onto the market. To the great satisfaction of all concerned this was purchased and on the last day of the year actually became the property of the Hospital. Its distance from the Hospital makes parking by the staff and employees less convenient than before, but at long last patients, their families and their friends should be able at all times to find room to leave their cars in the space between the Hospital and Cambridge Street.

In other real estate developments a very important contract for the later acquisition of the West End House was negotiated, and two small acquisitions, 28 Parkman Street and 33 North Anderson Street, made the Hospital the only abutter on Parkman Street. To provide research space during the Surgical and Special Services Building construction, a lease was arranged with the Retina Foundation for the temporary use of the second floor of its new wing. A further step forward was the rental of fifty apartments in Charles River Park and Brookline and making these available to graduate nurses on subleases.

The census at the Hospital ran close to capacity throughout the year. For much of the period there was a waiting list for elective admissions. It became quite apparent that it would be advisable to return to the original plan for Warren and Baker 12 as patient areas. The conversion was completed during 1965 with the welcome addition of 41 new private and semi-private rooms.

Preparing for the impact of Medicare has been made a matter of primary attention by the administration. It is expected that the Hospital will be ready to meet this entirely new difficult challenge when the law takes effect in July, 1966.

Some years ago large expenditures were made for an extensive updating of the standby power plant. It was recognized even then that any cessation of the flow of electric current in a hospital as large and as complex as the Massachusetts General Hospital would constitute a major disaster and very probably loss of lives. The test came in the Great Blackout of November 9 and the Hospital came through with flying colors. The power plants cut in and the lights came on in a matter of seconds, but nothing shone brighter than the calm, devoted, and tireless response of the Hospital personnel.

The long conflict over the composition of rates in the new Blue Cross contract was not fully resolved. However, we hope substantial gains were made in educating the public, the municipalities, and the State with respect to the predicament in which the hospitals have been left through failure of the cities, the towns, and the Commonwealth to meet the costs of caring for the patients whom they send.

It is a tribute to the School of Nursing and Miss Sleeper that some 70% of the 1965 graduating class elected to stay with the Massachusetts General Hospital. In spite of the heavy load created by the large census the service has made an excellent record. The only shortages came in the field of private duty nurses.

Even though a sharp raise in rates was required by the budget McLean Hospital, too, had a continuing high census and frequently a waiting list.

For the first time in many years the Trustees held one of their meetings in Belmont evidencing the rapidly increasing coordination between McLean and the General. At that meeting broad plans for the future development and expansion of McLean's services to the community were favorably discussed.

An important milestone was reached with the decision to terminate the three-year diploma program at the McLean School of Nursing. The class of September, 1965, will be the last to go through.

Ether Day was celebrated on October 15, 1965. Greetings from the Board of Trustees were given to those present by Mr. John E. Lawrence, Chairman of the Board of Trustees. Dr. Knowles spoke on "The Future—Myrrh or Miasma." Service pins were awarded to 216 recipients, including five doctors who had served twenty-five years and three doctors who had served thirty years. Mr. Edward D. Hallinan was awarded a pin for forty years of service. A fitting celebration for Ether Day was created by the request of the U.S. Department of the Interior, and the accord of the Hospital, that the Ether Dome be registered as a National Historic Landmark.

The House Pupils Association Reunion was held on October 16 and at that time dedication ceremonies were held for the Harold Whitworth Pierce Research Laboratories, Bulfinch Terrace. Dr. Edward D. Churchill was presented the Treadwell Award on this occasion.

The Public Health Service made a grant of $2,210,000 (to be matched by Hospital funds) to construct eight research floors above previously announced floors in the east wing of the proposed Surgical and Special Services Building.

On April 19 an official groundbreaking ceremony for the new Shriners Burns Institute took place on the site on the east side of Blossom Street opposite the Research Building.

Dr. Howard K. Schachman, Professor of Molecular Biology and of Biochemistry and Research Biochemist to the Virus Laboratory at the University of California, Berkeley, gave the Warren Triennial Prize Lecture at the Museum of Science on March 2.

The Dalton Scholarship was awarded to Dr. Bruce E. Zawacki, Assistant Resident in Surgery.

Dr. Robert H. Ebert, after less than a year as Chief of the Medical Services at the Hospital, was appointed Dean of the Faculty of Medicine, Harvard Medical School, on July 1. Dr. Alfred Kranes, once again, was appointed Acting Chief of the Medical Services and on December 17 Dr. Alexander Leaf was appointed Chief of the Medical Services. Dr. Melvin J. Glimcher was appointed Chief of the Orthopedic Services on October 15. Dr. Dale Lindsay, Deputy to the General Director for Research Administration, resigned to accept a position at the University of California and was succeeded on September 13 by Dr. Ralph G. Meader, who was formerly Associate Director for Grants and Training of the National Cancer Institute. The leadership of the Psychiatric Service changed hands on October 1. Dr. John G. Nemiah became Acting Chief and Dr. Eric Lindemann retired as Chief to assume a professorship in Social Psychiatry at Stanford University.

The Trustees record with great sadness and a sense of personal loss the death of Mrs. Constance L. Braman, Assistant to the General Director for the Phillips House, on March 17, 1965. A member of the Nursing Service since her graduation from our School of Nursing in 1932, Mrs. Braman was placed in charge of the Phillips House in 1949.

We also note with sorrow the deaths of Mr. Michael A. Fredo, a former Trustee and member of the Corporation, who died after a short illness; Dr. Roger I. Lee, formerly Associate Chief of the Medical Services and Honorary Physician; and Dr. Henry C. Marble, Honorary Surgeon.

HENRY R. GUILD
FRANCIS H. BURR
For the Trustees

Report of the General Director

IT is an honor to submit the Annual Report of the Hospital for the year 1965, my fourth as General Director.

The immediate as well as the distant future presents problems and opportunities never before seen in such profusion and complexity. What is true for the medical microcosm is true also for the country and the world at large. There have never been more exciting times. The increasing complexity of a super-specialized society is mirrored in increasing disease—psychic, social and somatic. Increasing expectations matched by increasing costs demand that medicine give at least equal attention to the *application* of medical and scientific knowledge as it has to the *acquisition* of knowledge over the past half-century. As Virchow said over 100 years ago: "Medicine is a social science; politics is nothing but medicine on a large scale." Our political representatives have decided that the public is going to be given medicine on a large scale and on July 1, 1966 the implementation of the Medicare Law will begin—a social and economic revolution which in this century can only be equated in importance and significance with the Social Security Act itself of 1935.

The 1965 Congress set a record for new legislation which will affect the health of our citizens as well as the health of the profession and its institutions. In addition to the Medicare Law, there was legislation to encourage regional planning amongst medical schools, teaching hospitals and community health agencies (Heart Disease, Cancer and Stroke Law) for the improved distribution of health services and their standardization at the highest level of quality. Federal funds were authorized to increase the numbers in training for the health professions and to assist in the staffing of mental hospitals. Funds were extended for Hill-Burton grants to aid in the construction of hospital facilities and for matching grants for health research facilities. Expansion and extension of community health services and vocational rehabilitation services were provided for as well as funds to improve the services of medical libraries. These various funds will affect profoundly the future course of the health professions and their various institutions.

Federalism can be creative only if local action by responsible citizens shapes the content and course of programs and guides the use of money appropriately. A balance of public and private interests must be struck to achieve what fully governmental and fully private systems of medical care have been unable or unwilling to do by themselves. New organizational arrangements are needed to articulate these combined interests with the wants and needs of society at large. Understanding of interwoven political, social and economic trends as they relate to Government and to medicine's institutions is needed by physicians and medical organizations if they are to play an important role in shaping our future.

The evolution of the contemporary hospital has placed it squarely on the center stage where all the forces bearing on medical care meet. Numerous and steadily proliferating outside organizations exert tremendous influence on the course of the modern health center, whether they be State and Federal agencies, medical schools, professional organizations such as the A.M.A., the American College of Radiology, local medical societies, the American College of Physicians (or Surgeons), the National League for Nursing, organized labor,—to name only a few—and all of them do or are attempting to run a part of the hospital. One might say that numerous enclaves have been established in the hospital, the only institution I am aware of where such a situation exists. I am convinced that the hospital, its staff and employees, represent a politically viable unit of responsible planning and that the hospital can realize its tremendous potential as a social instrument if its members are willing to use it as such. Recent attacks on the hospital by the A.M.A. and other special professional groups have only served to weaken both the profession and the hospital. Responsible and concerted action by hospital staffs is central to the issue of maintaining a voluntary hospital system and the private practice of medicine. The opportunities are present in profusion but have not always been seized.

The Acquisition of Knowledge

The M.G.H. has been at the forefront of those hospitals which acquire, conserve and expand the knowledge of medicine through research and then pass it on to each generation of students through teaching programs in all areas of the hospital. We have never lost sight of the fact that our first function is the care of the sick, but we have also realized that to do this optimally demands that active teaching and research be present.

We have reviewed our research program and have recognized certain areas of comparative weakness which are now being corrected.

1) The Pierce Laboratories were dedicated on October 16, 1965—Ether Day, at which time the Ether Dome was designated a National Historic Landmark. Work in these laboratories will be devoted to research in cardio-pulmonary disease. Our clinical research in these areas has been outstanding over the years with such people as Drs. Paul White, Edward Bland, Donald King, Edward Churchill and Helen Pittman. A new era of more basic approach to heart and lung disease has dawned and biochemical, biophysical and immunological techniques have now to be added to the older disciplines of clinical description and physiological measurement. Dr. Alexander Leaf and Dr. Edgar Haber are working actively in these areas, work which will be facilitated by these magnificent new facilities.

2) With the arrival of Dr. Paul Russell, as Chief of the General Surgical Services, the M.G.H. is well-prepared to move into the new era of reconstructive surgery (the "spare-parts" era) and the surgery of transplantation. Already Dr. Russell has built an impressive team of surgeons and basic scientists who are studying all aspects of these exciting problems. A special transplant unit has been constructed on White 12 and an impressive number of successful renal transplants has already been accomplished. Dr. Gerald Austen, one of the youngest Associate Professors of Surgery in the history of the Harvard Medical School, is the director of cardio-vascular surgery. His contributions, added to those of Dr. Gordon Scannell, have already assured us of leadership in the acquisition of new knowledge and its rapid translation for the benefit of our patients afflicted with cardio-vascular disease.

3) Over the past 10 years the need for new research space has become obvious and the East Wing of the new building

will increase our research space from roughly 110,000 sq. ft. to 160,000 sq. ft. The space will allow us to expand areas of basic research in renal and gastro-intestinal disease under Drs. Alex Leaf and Kurt Isselbacher, respectively; arthritis and connective tissue disease under Drs. Stephen Krane and Jerome Gross; bone chemistry under Dr. Melvin Glimcher, physical chemistry under Dr. Roger Jeanloz, biochemistry under Drs. Herman Kalckar and Paul Zamecnik. The building will be financed by 2 million dollars of restricted endowment funds, matched by 2 million dollars under the Federal Research Health Facilities Act.

4) There has also been a need to strengthen the Children's Medical Service, and over the past year three promising young physicians have been recruited to strengthen the Service—Dr. Allan Goldblatt in pediatric cardiology, Dr. David Lang in virology, and Dr. John Littlefield (long with Paul Zamecnik's group) in genetics. These disciplines will now be formally developed in a more concerted effort. Dr. Talbot has moved fast and a new spirit pervades the Service. In addition, Dr. Talbot plans to develop further the whole area of preventive and social medicine in pediatrics with special attention to the problems of psychological maturation and the prevention of mental as well as somatic disease in children.

5) Many of you are aware of the rapid and magnificent development in depth of the Neurology Service under Dr. Raymond Adams over the past 15 years. Today this is one of the largest clinical, teaching and research departments in the world. With the recent addition of the Kennedy Laboratories and an affiliation with the Fernald School (a State school for the mentally retarded) we now have active investigators and clinician-teachers in all areas of neurologic disease.

6) Some of us have felt the need to develop active practice and research in Preventive Medicine and bring this influence to bear on the traditional acute curative function of the hospital. Under Dr. Victor Sidel we now have such a unit which is exploring the uses of hospital-based preventive medicine and analyzing the social, economic, demographic, human behavioral patterns of our patients and their communities. The unit will play a large part in helping us to rationalize our services—to

plan regionally, to study utilization under the Medicare Law, and to organize and distribute our services more effectively. This development could not have arrived at a better time and the Unit will function at the interface of acquisition *and* application of knowledge.

7) Working closely with Preventive Medicine and developing what will surely revolutionize hospital function and medical care is the Laboratory for Computer Science. Under the enthusiastic direction of Dr. Octo Barnett, a feasibility study of the use of computers in hospitals is in operation to find out where computers can be used to automate, store and retrieve, and correlate the incredible volume of information collected in a teaching hospital—from patients' admitting and billing, to the medical record and the chemistry laboratory (over 1200 separate test results per day), to basic research projects, to the ordering and giving of drugs to patients, and so on.

8) A new Transfer Office has been developed by the new Chief of the Social Service Department, Miss Eleanor Clark, to study and research the best methods of transferring our patients (some 300 per month) to the proper nursing homes and to find ways of helping nursing homes to do a better job in terms of nursing, dietary and medical care and continuity of care. This office in operation for over six months is a vital first for the M.G.H. and we are one of the few hospitals in this country which looks with some confidence to the revolution in hospital and nursing home care which will begin July 1, 1966, with the advent of Medicare.

9) For some years we have been concerned with our total effort in the field of cancer. We have felt the need for better diagnosis, radiotherapy, clinical research (e.g. the testing of new chemotherapeutic agents), basic research and teaching—all of which add up to better care for our patients. With this in mind Drs. Russell and Zamecnik with an *ad hoc* committee representing all these interests have been working hard to plan for these needs. For the future it seems quite probable that improved facilities will be devoloped for cancer therapy and clinical research, while bringing together the disciplines of radiobiology, viral oncology, genetics and immunology and biochemistry—research areas basic to the study of the origins, preven-

tion and control of cancer. These plans have been evolving over the past several years and are now sufficiently developed to fit in very nicely with regionalization of our activities with community health facilities.

10) I could list many more areas of active research and the acquisition of new knowledge—the Nursing Service and the development of the ward manager system and the re-distribution of functions so that various caring groups will be using their skills and time most fruitfully; the Psychiatry Service which is pioneering in the care of alcoholic patients and social, community psychiatry; the Dermatology Service, Anesthesiology and so on—and in my position I shall surely hear from those I have neglected!—but we must move on. I must mention the new Shrine Institute for Study and Treatment of Burns which will be built across the street towards Bowdoin Square. This small research and patient care unit will be run by the Shrine (their Trustees and Administration) but staffed with M.G.H. doctors and researchers, thus giving our Staff further opportunities to contribute to this always difficult area of care and research.

This is only an incomplete listing of some of our activities as we struggle to improve the care of the sick and the teaching and research that attends their best care. Our most important first steps have been outlined—and you are all aware of our new building on the north side of the hospital which will expand and centralize all our surgical operating rooms and central sterile supply, give increased space to Clinical Chemistry, Bacteriology, Blood Bank and various diagnostic facilities; expand and improve on dietary facilities, admitting and discharge offices, and ultimately our Radiology facilities. The upper floors will be unfinished initially so we can rise rapidly to the future needs of our community, and achieve coordinated central planning.

The Application of Knowledge

The acquisition and expansion of knowledge proceeds at an inexorable pace while the problems of financing, distributing, organizing and utilizing such medical knowledge in terms of caring for the sick and preventing disease grow apace and are not so readily solved. This hospital has a long and distinguished record of providing solutions to the social and economic problems of medicine, for example, the founding of Medical Social Service at the turn of the century and the institution of the Baker Memorial Fee Plan of 1930. In recent times we have bent our energies and redoubled our efforts to provide solutions to contemporary problems. What have we done and what do we see as areas of responsibility and opportunity for the future?

We have worked tirelessly with our Staff and Trustees, and with the Blue Cross, commercial carriers, State Welfare Department, elected public officials and the public at large—through every form of communication (including annual Lowell Lectures, radio and television, letters and publications, etc.) to explain hospital costs and the responsibility of State-Federal and private direct or third-party payers to share their appropriate portion of the burden. With the advent of Medicare, a change in hospital and physician services *and* revision of Public Welfare practices will occur and our activities in the political arena will increase. Teaching hospital interests have never been adequately represented—perhaps because it is a very frustrating pursuit. Long-range statesmanlike action usually falls to the immediacy of the "popularity contest"; and rising hospital costs find few defenders in the public arena. In this State, the Legislature passed a law to allow collective bargaining for hospital employees, thereby evincing interest in their lot (and implying that they should have better salaries, fringe benefits and working conditions), while simultaneously refusing to reimburse hospitals equitably for their services to the State's indigent sick—all this while refusing to recognize that three-quarters of the money paid the hospital goes into the salaries and fringe benefits of our employees. I wonder whether the public will recognize this irrationality. Possibly the public will—even though as Judge Learned Hand said, "the apathy of the modern voter is the confusion of the modern reformer". We are busily educating the public (and being educated by them) so that their "inalienable birth right" to health care will be treated rationally by one and all. Our experience here will be helpful as our "beat" enlarges to include Washington, D.C., and the problems of Federal reimbursement for care. The new Preventive Medicine Unit and the Computer Laboratory, as well as the new Transfer Office in the Social Service Department, and the continuing effort to improve the ambulatory services of the hospital represent our deep concern with the proper and speedy application of new knowledge.

Conclusion

Perhaps the opinion of Congress that "organized medicine" and the private, voluntary system have failed to solve obvious problems supports Lord Bertrand Russell's contention that, "One of the troubles of our age is that habits of thought cannot change as quickly as techniques, with the result that as skill increases, wisdom fades."

I prefer the more optimistic statement of Jerome Bruner: "With technological advance, more things are possible, but social and technical organization is increasingly necessary to bring them off. In effect then, the sense of the potency—the idea of the possible—increases in scope, but the artificer of the possible is now society rather than the individual."

What may be the final test of a voluntary hospital system and the private practice of medicine in this country has already begun. Freedom demands responsibility. Local initiative and responsibility can maintain a private, voluntary system, which can work effectively with Government to produce better health services which neither has been able to do optimally alone. The question remains, will it? Suffice it to say that responsible regional planning is one of our most important concerns at the M.G.H. and we have already taken steps to assure the community of our responsibility. Increasing efforts will be turned in this direction in the coming year.

Four Lowell Lectures on the history and present problems of the teaching hospital were given at the hospital and were well attended by the interested public. They have been edited and will be published by the Harvard University Press in 1966. The 1963 series of sixteen Lowell Lectures on "Hospital's, Doctors and the Public Interest" were published during the year by the Harvard University Press. Another series has been planned for 1966 entitled "Views on Medical Education and Medical Care." Each lecture is now attended by two to three hundred people.

This is part of our continuing effort to educate the public and be educated by them so that we may all work together to keep this hospital (and hospitals generally) maximally responsive to the needs of the community.

The crisis of the massive power failure affecting the northeastern United States and Canada was met with remarkable effectiveness. Our stand-by Diesel power which had been tested weekly for over three years swung into action within six seconds of the power failure. Maintenance men, some of whom were on the way or already home, turned around and returned to do a magnificent job. Nurses, doctors, administrators, dietitians, house staff, volunteers—either stayed or returned to help. The successful resolution of the crisis was a wonderful example of organization and preparation and devotion to the work of the hospital. There was no panic and there was no "news" from the M.G.H. for all of our one thousand patients knew they were being cared for that night and not one suffered because of the power failure.

JOHN H. KNOWLES, M.D.
General Director

Report of the General Executive Committee

AS the principal professional policy recommending body of the Hospital, the General Executive Committee is constantly faced with a wide variety of major issues affecting all aspects of the life of the institution. With the growth and differentiation of the Hospital these have naturally become more complex so that the work of the Committee has steadily increased. This has made necessary constant efforts to enhance the effectiveness of its deliberations. All indications for the future are that this trend will continue. Unquestionably many major new changes will be concerned with the impact of various government programs upon our activities. The intimate concern for the health and welfare of individuals which is now expected of government by the majority of citizens clearly represents the advance of a major social change in this country. The Hospital's relationship to government programs will thus be a subject for active discussion into the indefinite future. A not inconsiderable share of the work of the Committee this year consisted of efforts of individual members to understand the extensive provisions of already pending and enacted legislation. Repeated discussions were held concerning the changes which government action will bring about in the manner in which our responsibility to the community is discharged. Of most immediate importance will be questions of optimal utilization of hospital facilities in view of the increased load of patient care expected. The maintenance of optimal functional relationships with other institutions which receive patients from us or send them to us will also require constant attention. Although new and challenging opportunities for broader community service will unquestionably emerge as these developments progress it was the conviction of the Committee that our traditional excellence as a teaching hospital with a central dedication to the management of serious, acute illness must not be diluted as we meet these new challenges.

The Hospital has already taken a position of leadership in regard to the evaluation and improvement of nursing homes in our area. A number of discussions during the year concerned the problem of the balance of functions within the Hospital, a matter of abiding importance which has really never been faced properly by the General Executive Committee. It was agreed that the most propitious mechanism for adjusting the weight of effort in various areas in the institution comes at the point of staff appointment. The Committee accordingly placed increased emphasis on this consideration as appointments were reviewed for recommendation to the Trustees. The importance of the Committee's function in regard to senior appointments was also reaffirmed. It was decided that the Committee should play an increased role in advising the General Director and Trustees in regard to nominations to the President of Harvard University of Massachusetts General Hospital members to serve on joint *ad hoc* Committees to consider promotions or new appointments for individuals situated at the Hospital. The General Executive Committee will receive the reports of such *ad hoc* Committees as they are completed so that it can consider them for recommendation to the Trustees at approximately the same time as they are considered by the Subcommittee of Professors in the Medical School.

Another point having to do with the balance of functions within the Hospital which was repeatedly discussed was the question of what proportion of the Hospital should be devoted to teaching services as against conventional private facilities. New experiments in which private patients will enter more effectively into the teaching process at both the postgraduate and undergraduate levels are already processing and will certainly be needed if the Hospital is to maintain a roughly equal division between these two areas as has been true in past decades. The impact of Medicare legislation will make such alterations increasingly urgent, and the Committee favored every effort which would maintain the Hospital's strength as a teaching institution. Our private patients must not be denied the benefits of participating in an active teaching program.

The mission of the Baker-Phillips House Subcommittee of the General Executive Committee was extensively discussed. It was felt that, for the present, this Subcommittee should continue, particularly in view of the already noted adaptations which are expected to be necessary. One aspect of the functions of the Subcommittee which frequently requires review is the establishment of an equitable schedule of fees in the Baker Memorial Hospital. The importance of maintaining an appropriate fee schedule, and of reaffirming strict adherence to it on the part of our staff, was emphasized.

The Committee noted with satisfaction the effective performance of its Subcommittee on Disaster Planning, particularly on the occasion of the Northeast power failure on November 9, 1965. A number of helpful suggestions were made by the Disaster Planning Subcommittee and endorsed by the General Executive Committee as a consequence of this emergency situation. These included both adjustments in procedures and changes in physical plant of the Hospital which will strengthen us in respect to future demands of this sort.

An Oncology Planning Committee was appointed under the co-chairmanship of Drs. Russell and Zamecnik to review the overall conduct of activities in the cancer field and to make plans for the future development of the Tumor Clinic, radiation therapy facilities and related investigation. This Committee has been busily occupied with these objectives and has drawn up a program for possible future development in this area. Further progress in detailed planning, including projections of the demands for patient care as well as investigation, may proceed with the aid of funds from the National Cancer Institute.

As is generally true in any year the General Executive Committee was called upon to review a large number of requests from outside the Hospital for utilization of our records or facilities for a variety of projects in clinical investigation. The procedure for granting such requests was standardized. They will first be approved by the Committee on Medical Records before review by the General Executive Committee. Appropriate Chiefs of Service will be consulted in advance, and the responsible physician, in the case of private patients, will always be free to make his patient available or not, as he deems advisable.

A number of important appointments were made to the

Hospital staff during the course of the year. The appointment of Dr. Alexander Leaf as Chief of the Medical Services was one of great importance to the entire Hospital. Dr. Melvin J. Glimcher's appointment as Chief of the Orthopedic Service was likewise a significant step in the history of the institution. The promotion of Dr. Jerome Gross to Biologist, the most senior Hospital title in this category, was also considered significant. As a number of appointees devoting themselves entirely to laboratory investigation at the Hospital has increased, it was felt desirable to activate an additional title on the scientific ladder which will be designated *Assistant in* Biochemistry, Biology or other discipline. This will correspond to the most junior level of staff appointment in the traditional ranks and will provide for more uniform titles throughout the institution. Promotions and appointments, particularly involving individuals who devote a high proportion of their time to research and to investigation may be reviewed in detail by the Subcommittee on Senior Appointments where the advice of this Subcommittee is requested by the General Executive Committee. This Subcommittee, under the chairmanship of Dr. Leaf, functions as a standing Subcommittee of the General Executive Committee. It has already proved to be of considerable help in view of the great proliferation of activity in research.

The Committee will miss the wise counsel of Dr. Robert H. Ebert who laid down his responsibilities as Chief of Medical Services on June 30, 1965, to assume the duties of Dean of the Harvard Medical School. Pending the appointment of Dr. Leaf as his successor, Dr. Alfred Kranes returned once again as an able and devoted Acting Chief of the Medical Services. Another important appointment was that of Dr. Donald Pierce, who was selected as head of the Rehabilitation Unit on White 9.

Dr. John Nemiah is currently serving as Acting Chief of Psychiatry and as a member of the General Executive Committee, during the process of selection of a permanent successor to Dr. Erich Lindemann, who retired on September 30, 1965. In the interest of bringing the McLean Hospital functionally closer to the Massachusetts General Hospital it was recommended to the Trustees that the Psychiatrist-in-Chief at McLean be added to the General Executive Committee. It was recognized that these relations are currently under review by all concerned in view of the rapid change in social circumstances of psychiatric care, including the expected establishment of a community health center under State auspices in relation to the Massachusetts General Hospital, and the impending selection of a new Psychiatrist-in-Chief at the Hospital.

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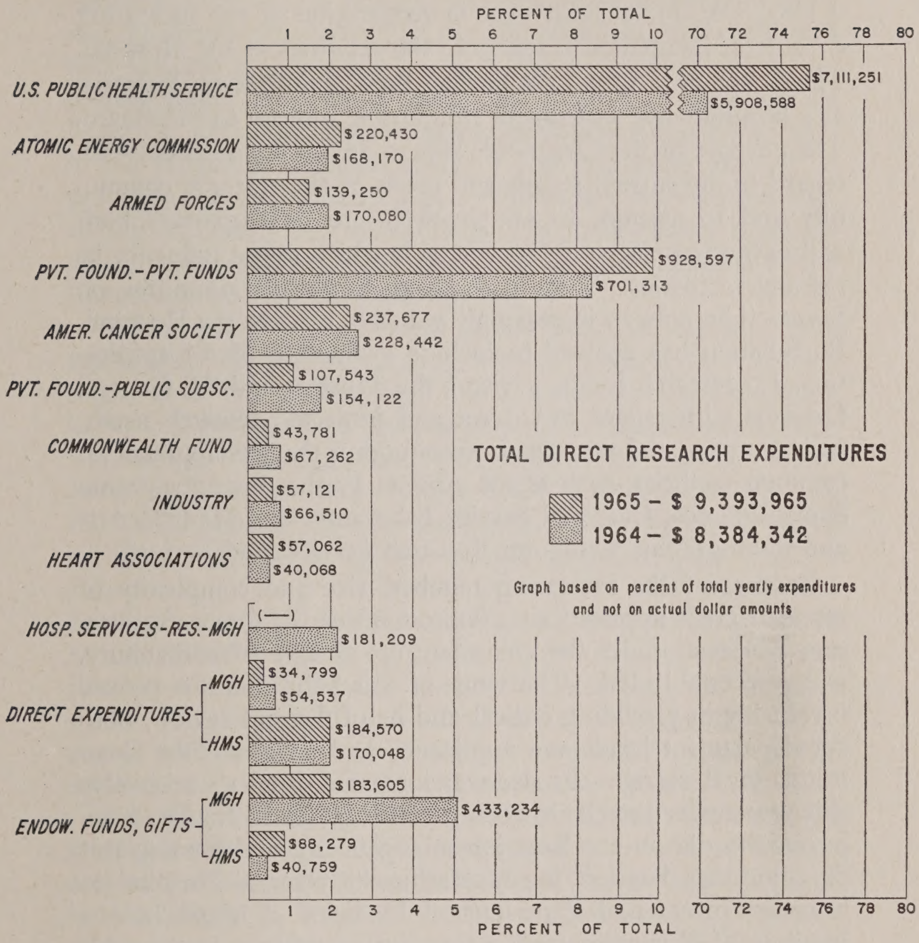
DIRECT RESEARCH EXPENDITURES FOR 1965



Report of the Committee on Research

JUST TWENTY years ago, in recognition of the increasing role of biomedical research in the activities of the Hospital, The Board of Trustees established the Committee on Research as a hospital-wide instrument responsible directly to the Board. The purpose of the Committee was to advise the Trustees with regard to the current status, and needs of the research community and to attempt to anticipate future developments both within the Hospital and those outside which might influence its research activities. With passage of time the Committee on Research became an increasingly valuable asset to the Hospital. Its function has evolved to include evaluation of all applications for research funds, advising the Trustees and the General Director with regard to current and projected research needs, such as space and personnel, encouraging the development of common facilities, such as the Animal Farms, Instrumentation Shops, Physical Chemical Service Laboratory and Medical Arts and Photography, Computer Research Service, and so forth.

Because of the increasing number, size and complexity of research grant applications a Subcommittee for Grant Application Reviews, under the chairmanship of Dr. John Stanbury, was also established. The work of this Subcommittee proved invaluable in providing critical and helpful grant review, both for department heads and applicants, as well as for the Committee on Research. Its size was increased from six to twelve this year under the chairmanship of Dr. Jesse Scott. Dr. Stanbury, who did an excellent job in organizing and leading this Subcommittee has left the Massachusetts General Hospital to become Professor of Experimental Medicine at Massachusetts Institute of Technology. We are most grateful to him for his work on the Committee on Research and wish him success and pleasure in his new position. The task of research application review is increasing greatly in importance for several reasons. The Federal Government is asking grantee institutions to take increasing responsibility for grants administration and the Massachusetts General Hospital has become one of seven institutions to serve in an experimental project in local self-management for the Public Health Service. The responsibility for allocations from the General Research Support Grant from the National Institutes of Health, approximately $350,000 a year, and the serious possibility that the National Institutes of Health will increase institutional funds at the expense of individual project grants has been of much concern to the Committee on Research. Our experience in grant evaluation will serve us well if this possibility becomes reality. The increasing amount of proposed contract research and the difficulties in evaluating and setting standards for investigations in preventative medicine and the behavioral sciences have been of much concern to the Committee on Research this year.

A description of the present review policy is in order. The research application, originating with the investigator, requires approval of his Service Chief and is then sent to the Research Office for evaluation by the Subcommittee. A recommendation and critique with suggestions is returned by the Executive Committee on Research to the Service Chief. *The functions of both the Subcommittee and the Executive Committee on Research are purely advisory, and the Service Chief and the General Director may accept or reject their advice.* The application can not be sent to the granting agency without the approval of the General Director. In the case of applications to the institution's Public Health Service General Research Support Grant, the additional approval of the full Committee on Research and the Board of Trustees is required. A total of 447 applications, 213 of which were new, were reviewed in 1965.

This year the Committee formally recognized the need for careful monitoring of clinical investigation on human subjects and has established a Subcommittee on Human Studies, chaired by Dr. Henry K. Beecher, for the evaluation of all research proposals involving such investigations. The Committee has also suggested to the Board of Trustees that it appoint a committee of respected and experienced members of the Boston community to advise it directly on policy both moral and legal with regard to human studies. The membership of this new body includes the Rt. Rev. Henry Knox Sherrill, Chairman; Professor Gordon W. Allport, Harvard University; Professor

Henry K. Beecher, Harvard University, Massachusetts General Hospital (ex-officio as Chairman of the Subcommittee on Human Studies); Mr. Wilbur J. Bender, Director, Permanent Charity Fund, Inc.; President Mary I. Bunting, Radcliffe College; Professor William J. Curran, Boston University; Professor Paul A. Freund, Harvard University; Professor Francis O. Schmitt, Massachusetts Institute of Technology; and Dr. Ralph G. Meader, Executive Secretary, Committee on Research. This action anticipated the request from the United States Public Health Service that all applications be so monitored. The Subcommittee on Human Studies has prepared a broad statement on policy which is under examination by the Trustees Advisory Committee on Research and the Individual.

The increasing demand for, and interest in, the use of computers in research led the Executive Committee to request Dr. G. Octo Barnett to assess the needs of the research community by means of a questionnaire and by personal inquiry. As a result a Subcommittee on Computer Service to Research was established, consisting of eight active investigators who are using or will use computers, under the chairmanship of Dr. Lewis Engel. This group functions to evaluate the needs and to make recommendations to the Committee on Research and the Hospital Computer Service with regard to the practical means for implementing the use of this facility for research purposes. It was decided to begin cautiously by educating individuals wanting to use the facility, by installing two consoles in the Research Building, and by providing Dr. Barnett with funds from the General Research Support Grant for obtaining trained personnel and for updating his equipment. With increasing experience we should be better able to anticipate future requirements.

Because of increasing interest in the application of physics and engineering to medical problems, the Executive Committee on Research has begun to examine our present facilities and to begin planning for more efficient exploitation of this important resource.

With the departure of Dr. Dale Lindsay the Hospital was fortunate in obtaining the services of Dr. Ralph G. Meader, formerly Associate Director for Grants and Taining of the National Cancer Institute of the USPHS to serve as Executive Secretary for the Research Committee and Deputy to the General Director for Research Administration. Dr. Meader fills an increasingly important position bringing to it many years of experience in the administrative management of research activities.

The Annual Report of the Committee on Research last year discussed our plans for the new Research Wing. We are happy to report the approval of our application for funds to the National Institutes of Health to help cover the building cost. We all look forward to the completion of the new Surgical and Special Services Building and the accompanying Research Wing, now under construction, by the summer of 1968.

The Scientific Advisory Committee has again been fortunate in acquiring two distinguished new members, Dr. Eugene P. Kennedy from Harvard Medical School, and Dr. Salvador E. Luria from the Department of Biology, Massachusetts Institute of Technology, on the retirement of Dr. Bernard B. Davis and Dr. Martin Deutsch. We are most grateful to Drs. Davis and Deutsch for their sympathetic interest and valuable surveys of the research scene at the Massachusetts General Hospital.

JEROME GROSS, M.D.
Chairman
Committee on Research

VINCENT MEMORIAL HOSPITAL

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Miss Frances C. Grady, R.N., *Assistant Director in Charge of Nursing*
Miss Alberta M. Nigro, R.N., *Nursing Service Supervisor*

Vincent Memorial Hospital

Report of the Chief of Staff

REVIEW of our activities shows that during 1965 the Vincent Memorial Hospital has made efficient and full use of all facilities. Both private and service in-patient floors have been used to capacity, continuing the high occupancy first clearly noted during the year 1963 and sharing the sustained and increasing demand for beds reported generally in the Boston area. Our capacity is now officially 53 patients with the permanent conversion of the solaria into two attractive four-bed rooms. Some rearrangement of our space has inevitably followed and the needed facilities for adequate care are now available with the construction of a second bathroom on Vincent 2. Although from time to time the decorative aspects of our hospital have been surveyed and rejuvenated by the attention and generosity of the appropriate committee of the Board of Managers, it is apparent that replacement of furniture and some equipment on a large scale will soon be necessary. This means no more than the fact that this building and its contents will be twenty years old next autumn. What can be accomplished by planned and total redesign is delightfully obvious in the out-patient clinics area where we now have two distinct, efficient, and very attractive units; one for the day-to-day care of gynecologic disorders and the other now fully operative as a fertility and ambulatory obstetrical clinic. Dr. John Grover has been made responsible for the clinics; maximum efficiency has been achieved by incorporating his private practice activities into the same area. Clinic patient visits now average between 15 and 20 each day and, although one out of three appointments is cancelled or not kept, and despite significant increases in clinic charges, the utilization increases each year.

The new third year curriculum at Harvard Medical School, inaugurated late in 1964, has meant that throughout the school year we have three students constantly with us for their education in gynecology. Each group spends three weeks at this hospital with headquarters in a room adjacent to the nurses' station on Vincent 3. Both the Visiting and Resident Staffs teaching schedules have been redesigned and one can detect a stimulating alertness and upsurge of clinical interest in response to the continual presence of these young people.

Dr. Celso Ramon-Garcia resigned to become Associate Professor of Obstetrics and Gynecology at the Medical School of the University of Pennsylvania on September 1. Dr. Suraj Prakash continues his training program in clinical pathology at the University in London, Ontario and Dr. Ann B. Barnes continues hers in obstetrics and gynecology at the Boston Lying-In Hospital and the Free Hospital for Women in Brookline. Dr. Arthur L. Herbst joined our Visiting Staff in April and spent the next five months in the laboratories of Dr. John Loraine in Edinburgh. He has returned to apply his knowledge of gonadotropins in the Vincent Laboratories in collaboration with Dr. Janet W. McArthur. Staff publications in 1965 numbered sixteen papers on clinical and research subjects. The annual postgraduate course in September was filled and once again received high praise from the participants.

Early in the year Drs. Leona Zacharias and Richard J. Wurtman joined our staff with the award of a grant from the National Institutes of Health to analyze in depth retrospective and prospective data on the chronology of events in human female sexual maturation. Their earlier study on the age of pubertal changes in girls who were blind from birth had suggested a significant difference but revealed a serious need for accurate contemporary observations on normal children.

Dr. Grover's efforts in organ culture of human endometrial fragments produced initial success and will justify further investigation when feasible. Dr. George S. Richardson has further pursued and extended his biochemical scrutiny of the complex metabolism of steroid compounds by ovarian tissue. Current projects are designed to identify unknown intermediate products and to localize the site of biochemical activity within the cell. Drs. McArthur and Herbst are "tooling up" for a major investigation of the action of gonadotropic preparations on the ovary with special focus on clinical states of ovulation failure. Attention will be given to details of dose and timing in an effort to reproduce as closely as possible the normal mechanism. An important feature of the research plan will be parallel studies in the primate; these will be facilitated by the completion of the New England Primate Center in Shrewsbury.

Once again it is my pleasant duty to thank the many people, professional and otherwise, who make the hospital's function smooth, pleasant, and filled with the gratifications of efficient accomplishment. This year special thanks are extended to Mrs. George Lewis for many years of inspiring leadership of the Board of Managers. Only the selection of Mrs. Courtenay Crocker, Jr., with all her knowledge of hospital affairs and her devotion to the welfare of the Vincent, can allay the staff's regret on seeing Muriel Lewis finally resting her oars.

HOWARD ULFELDER, M.D.
Chief of Staff

Report of the Department of Pathology

OUR postgraduate course in the pathology of the endocrine glands, which we inaugurated last year for 25 physicians, proved to be so popular that this year over 50 pathologists and endocrinologists from all parts of the country were enrolled. Because of the large number of students and the need for laboratory space the lectures were given in the auditorium of the Countway Library, and the microscopy sessions were held in the Warren Museum. We are planning to lengthen the course from three days to a full week next year.

With the large number of physicians available in university departments of pathology throughout the country, I am very pleased that all four residents who completed their training and left the laboratory during the past year are working in research laboratories in preparation for an academic career: Dr. F. Daniel Foley at the U.S. Army Surgical Research Unit at Fort Sam Houston, Texas; Dr. Harold F. Dvorak at the National Institutes of Health; Dr. Stanley Cohen in the Immunology Division of New York University; and Dr. James M. Gibson with Professor Doniach at the London Hospital Medical School, in England. In addition, three of our foreign fellows—Dr. Jonas Hallgrimsson of Iceland, who had been with us for four years, and Dr. Luis A. Fagundes of Porto Alegre, Brazil, and Dr. Byron A. Kakulas of Perth, Australia, who were here for two years—returned to their universities to assume important teaching positions. It is a pleasure to report that Dr. Fairfield Goodale, at the Medical College of Virginia in Richmond, has joined the ranks of our alumni who have been appointed to a chair of pathology.

Research in the various units of the department continues to be very active. The work of the histochemistry unit under Dr. Richard B. Cohen concerns the distribution of enzymes in glycogenesis and glycogenolosis in the liver, pancreas and adrenal glands. With Dr. Hubert J. Wolfe, Dr. Cohen has been appraising thymidine and uridine uptake in the adrenal cortex of normal and sodium-depleted animals by means of autoradiograph technics, as part of a continuing study of the effects of sodium depletion on metabolic pathways in the adrenal cortex. Dr. Wolfe has continued his studies on regeneration of the newt limb and on Hurler's disease and metachromatic leukodystrophy, with special attention to the activity of the sulfatases in these disorders. In the same unit Dr. John B. Blennerhassett has completed a study of the metabolism of adenomatous polyps, villous adenomas and carcinoma of the colon. He is also investigating the possibility of adopting a fluorescent-antibody technic to a histochemical method for the demonstration of lactic dehydrogenase activity and ribonuclease activity in tissues.

Dr. Wallace A. Jones, whose major interest is liver disease, is an active collaborator with Dr. Kurt J. Isselbacher's group in several projects. In addition, he reviews liver biopsy specimens and discusses clinicopathological correlations at the monthly meetings of the Gastrointestinal Unit. In his own laboratory, a histochemical method for demonstrating the TPN synthesizing enzymes (DPN-kinase) has been developed. The first phase of the study of non-neoplastic hepatic-cell growth has demonstrated a zonal differentiation of enzyme activity in the hepatic lobule during post-natal growth of the mammalian liver. For these observations of hepatic-cell growth after partial hepatectomy methods for performing quantitative enzyme assays have been devised.

Dr. Martin H. Flax continues his work on the pathology of tissue transplantation (including renal, pulmonary and corneal grafts) under the influence of various immunosuppressive regimens. With the assistance of Dr. Dvorak, the experimental induction of immunologic tolerance to various protein antigens was achieved in adult animals and variations in the degree and duration of suppression of different classes of immunologic reaction were demonstrated. The study of experimentally induced autoimmune thyroiditis continues with the search for new thyroid autoantigens, in addition to thyroglobulin.

Dr. Sanford I. Roth has continued his study of the morphologic alterations in the parathyroid and hair cells, which cyclically produce specialized proteins. His observations of the ultrastructure of the parathyroid glands in organ culture have been continued in association with Dr. Laurence Raisz of the

University of Rochester. With Dr. Jones, Dr. Roth has initiated an ultrastructural, histochemical, biochemical and x-ray diffraction study of the skin of the boa constrictor during the shed cycle.

Dr. Wallace H. Clark is studying the histogenesis of malignant melanoma, with the objectives of delineating the histologic parameters for the diagnosis of malignant melanoma on the basis of careful correlation with follow-up clinical data and of correlating the melanosome ultra-structure with the histologic patterns. In this connection Dr. Clark has established a "Pigmented Lesion Clinic", which is held each Wednesday morning in the Tumor Clinic.

Dr. Karoly Balogh's histochemical studies of the inner ear in normal and experimental animals have been productive. The efferent-nerve fibers of the inner ear were identified by virtue of their strong acetylcholinesterase activity. In addition, several lysosomal enzymes were localized in the normal inner ear and then correlated with electron microscopical and fluorescent microscopical data on lysosomes and lipofuscin.

Dr. Barbara Sanford has extended the work of Dr. Aub on the cell-surface differences between normal and neoplastic cells. A pilot study comparing reactivity of normal and neoplastic cells was undertaken with Dr. Peter S. Marfey of the Massachusetts Eye and Ear Infirmary, and joint projects were maintained with Dr. Herman B. Chase of Brown University on the physiology of hair growth and Dr. Theodore S. Hauschka of Roswell Park Memorial Institute on tumor transplantation. She continues her fundamental work on mammalian immunogenetics.

The volume of work in the cytology laboratory under the direction of Dr. Priscilla D. Taft increased about 10 percent during the past year. With the help of Dr. G. Octo Barnett, data on each patient are now being entered into a computer. The purpose of this project is to make the diagnoses, especially those diagnosed "doubtful" and "positive", more readily available for correlation with other studies in the follow-up of patients with cancer. The volume of work in the cytogenetics laboratory under the direction of Dr. Leonard Atkins has also increased. Of the 358 patients studied last year 23 percent had abnormal karyotypes. Exclusive of trisomy-21 mongolism, 14 percent of the patients were shown to have chromosomal anomalies. Dr. Atkins continued his autoradiograph studies of chromosomal DNA synthesis. In addition to several interesting cases of sex-chromosome anomalies, a number of autosomal anomalies were observed with this technic, including cases with partial deletion of the short arm of a Group 4-5 chromosome and one case with extra chromosomal material in Group 4-5.

During the past year a new RCA 3G electron microscope was installed. The old microscope has been set up in another area of the laboratory and is now available for use by members of the hospital staff in general. Adequate technical help as well as ancillary facilities are being provided by the Pathology Department under the supervision of Dr. Caulfield. We are now proud of the possession of three electron microscopes in use in the department.

Although there are rumors that support from the National Institutes of Health for medical research may have to be curtailed, we are pleased that Dr. Flax was recently the recipient of a Career Development Award from the NIH, thus guaranteeing his salary for five years. He had previously been supported in part by the Medical Foundation of the United Fund, which is now underwriting the work of Dr. Wolfe for the coming three years.

It is always gratifying to the head of a department when members of his staff are invited to speak at other universities and at national and international meetings. During the past year Dr. Vickery participated at the Middle East Medical Assembly at the American University in Beirut and at the International Goiter Conference in Rome. Dr. E. B. Taft lectured at the Post Graduate Medical School in Budapest, and Dr. P. D. Taft gave a paper at the International Congress on Exfoliative Cytology at the UNESCO Palace in Paris. Dr. Richardson, and Dr. Kakulas presented a paper at the International Congress of Neuropathology in Zurich. Dr. Scully presented a Slide Seminar before the Indiana Society of Pathologists. Dr. Flax was guest lecturer at a national symposium on chest diseases in Torreon, Mexico and at the Universities of Mexico, Chicago, Florida, and Louisiana. Dr. Roth spoke at the University of

Rochester, and Dr. Clark at Baylor University in Houston and the University of Florida. Dr. Sanford, at the invitation of the Czeckoslovak Academy of Sciences, presented a paper at the Mendel Memorial Symposium in Prague. Dr. Walter Putschar, one of the world's authorities on bone pathology, who spends six months of each year with us in general pathology, is now in India as a consultant in bone disease under the auspices of the World Health Organization. Dr. Castleman was Cancer Consultant at the University of California and the University of Southern California in Los Angeles, and in the fall was visiting professor at the University of Puerto Rico.

The statistics of the diagnostic examinations are as follows:

	1964			*1965*		
	MGH	Outside	Total	MGH	Outside	Total
Autopsies performed	923	256	1,179	970	192	1,162
Autopsy percentage	66.1%			65.3%		
Surgical specimens	13,560	2,180	15,740	13,893	2,508	16,401
Microscopic preparations			101,157			89,558
Cytological specimens			14,505	8,134	7,678	15,812
Cytogenetic specimens						358

BENJAMIN CASTLEMAN, M.D.
Chief, Department of Pathology

Report of the Hall-Mercer Hospital

ALTHOUGH the Hall-Mercer Hospital exists as a separate unit in the Massachusetts General Hospital, in order to facilitate clinical service, research and teaching, it is integrated with the staff and function of the Department of Psychiatry. During the past year fifteen patients were treated and studied in the Hall-Mercer Hospital for a total of 570 patient days.

Clinical Studies on Psychotic Patients in a General Hospital

The availability of funds for support of patients has enabled us to study patients with psychotic reactions, both schizophrenic and affective, who would not otherwise have been able to afford the period of hospitalization required for their evaluation and treatment. This has provided an opportunity for studying the suitability of an open-door psychiatric service in a general hospital for the management and rehabilitation of patients with the more severe forms of emotional illness. It has enabled us to provide residents early in their training with experience in this area, and has also made it possible to introduce medical students to the concept of treating mental illness outside of the more traditional framework of a mental hospital. The latter endeavor has assumed particular importance in view of a recent change in the Medical School curriculum in which the emphasis has been placed on psychiatry as it relates to general medical and surgical practice rather than as an isolated specialty.

Studies on Alcoholism

Dr. Jack Mendelson has continued his metabolic and behavioral studies on experimentally induced intoxication in alcoholic subjects, four of whom were supported by Hall-Mercer funds during their hospitalization on the Psychiatric Service. Dr. Mendelson has been particularly concerned to combine careful basic science laboratory techniques with clinical studies, and to this end he and his workers have pursued correlated research activities involving biochemical studies, operant condition techniques, and systematic clinical and social evaluations of the patients' behavior during their stay on the psychiatric ward. A number of papers have been completed during the year which have been published in *Metabolism,* the *Quarterly Journal of Studies on Alcohol, Nature, Psychosomatic Medicine, and the Annals of the New York Academy of Sciences.*

Studies on Patients with Cancer

Dr. Thomas Hackett has maintained his interest in the importance of emotional factors in patients with cancer. Working in the Massachusetts General Hospital Tumor Clinic, he has examined some three hundred patients in the course of developing a questionnaire-interview technique for use in obtaining data on cancer-patient delay, which can be programmed for computer use. He has included in his survey those patients who do not delay in seeking help for cancer in its early stages as an added means of obtaining clues to those factors that are significant in causing patients to wait for a dangerously long interval before consulting a physician for the symptoms arising from a neoplastic lesion.

Child Psychiatry Studies

Dr. Richmond Holder has continued to coordinate the research work of the Pediatric Service with that of Child Psychiatry, as well as taking an active part in the supervision of psychiatric residents in their basic training during their rotations through Child Psychiatry. In collaboration with Dr. Marvin Snider, he has completed the collection and review of data obtained from the observation of the effect of psychiatric treatment on adolescents in a camp setting, and presented in the spring of 1965 a paper at the American Orthopsychiatric Association meetings entitled "The Impact of Affluence on Adolescence."

Studies on Patients with Implanted Electrodes

Dr. Frank Ervin has carried on investigations with the Neurosurgery Service of the use of chronic indwelling electrodes for the pathophysiologic description of and treatment of pain. Of particular interest was the application of small stimulating currents rather than the production of destructive lesions. This has suggested that it is possible to use chronic intermittent stimulation for pain relief and for the elevation of mood in depressed patients with terminal cancer. The possible application of this procedure to certain mental illnesses as well is currently being considered.

Psychological Studies

Dr. George Talland and his assistants have pursued an active program of studies on cognitive processes, with particular attention to short-term memory and attention. These processes have been studied under a variety of experimentally induced conditions, as well as in patients with disorders affecting their psychological functions. During the year eight papers resulting from these studies were published and four more were accepted for publication.

On March 9, 1965 the Massachusetts General Division of the Hall-Mercer Hospital was host to their colleagues from Philadelphia. At a meeting of the combined Staffs and the Trustees in the Trustees Room of the Massachusetts General Hospital there was a mutual exchange of information about activities during the year just ended, with particular attention being paid to major organizational changes taking place in Philadelphia. This was followed by a luncheon tendered by the Trustees to the Staffs of the two Divisions.

JOHN C. NEMIAH, M.D.
Acting Chief Psychiatrist

Report of the John Collins Warren Laboratories

OF THE HUNTINGTON MEMORIAL HOSPITAL OF HARVARD UNIVERSITY

IN 1956 Dr. Joseph Aub retired as Director of these laboratories, and a decade has now passed under the new auspices. One may ask what has happened to the world of cancer research during that period of time, and what part these laboratories have played in the progress of science. Among scientists of the future, this decade may be remembered for the coming of age of Molecular Biology. This latter term has come to mean the experimental domain in which the tools of the microbiologist, the biochemist, and the biophysicist have joined in uncovering the pathway by which information from the gene reaches final expression in the development of the cell.

During the past decade these disciplines have succeeded in locking gears, with resultant brilliant elucidation of three separate fundamental biological steps, of which there had been little previous knowledge: the mechanism of replication of deoxyribonucleic acid, the material of the gene; the transcription of the code of the gene into ribonucleic acid (RNA), which carries its message into the cytoplasm of the cell; and the translation of this message into the synthesis of proteins which catalyze the daily operations of the cell.

It is of course on the above framework that the fabric of life is woven. In past years, it was always possible that the cure for cancer might have come without this body of knowledge. Unfortunately, however, it did not come as a result of good luck or empiricism. We are much wiser now than we were a decade ago in our thinking about the possible nature of the aberration in the normal cell which results in the uncontrolled growth of cancer. This thinking leads us back to the gene, and to a consideration of ways in which information in the deoxyribonucleic acid of the gene may become altered, or whereby its transcription and translation may deviate from normal. The flow of information from the gene is not under normal circumstances continuous and uncontrolled, but is subject to regulation by biological time clocks, which ensure that the synthesis of new enzymes and the construction of new cells occur at the right time.

The central problem for Molecular Biology in the coming decade will be to define the nature of these control mechanisms which keep the normal cell or, in larger terms, the multicellular animal, functioning as a well-disciplined unit. Cancer Research has also precisely the same long-range goal. How then does one come to grips with this approach? One of the most dramatic ways in which the normal metabolism of a cell may be upset is by the introduction of a virus from the outside. Upon entry into a cell, the poliomyelitis virus, for example, turns off the transcription of information from the cell's own genes and sets up a production of ribonucleic messages of its own, which convert the synthesis of protein to its own use. There are a number of cancer (oncogenic) viruses now known to be responsible for animal tumors, and it seems likely that human oncogenic viruses will be found in the future, although one cannot be pedantic in this statement. The manner in which these animal viruses effect a malignant conversion of cells is, however, a matter of speculation as yet. This is an area in which the tools of Molecular Biology can in theory be put to work.

The following details illustrate the lines of investigation under pursuit in the laboratories at the present time.

Tumor Virology

Dr. David Allen has continued to study the biosynthesis of avian myeloblastosis virus in chick embryo cell culture. In his search for intermediates of viral biosynthesis he has focused on the cell surface, which is apparently the site of virus production. Low concentrations of trypsin release several classes of particles or cell fragments from virus-infected cells but not control cells. Like the mature virus, these particles fix complement with viral specific antibody, but unlike the mature virus they are ribonuclease sensitive. Studies of incorporation of C^{14}-amino acids into these particles show that they are labeled prior to release of mature virus into the culture fluid. Thus these studies so far are consistent with these surface particles being virus intermediates; and virus assembly, if not synthesis, may occur at the cell surface. This is of interest since many of the neoplastic changes produced by oncogenic viruses such as loss of contact inhibition and cell cohesiveness are also associated with the cell surface.

Dr. Mary Stephenson has also extracted ribonucleic acid from a mouse leukemia virus and has added it to other components of a protein synthesizing system in an effort to find out, if possible, what particular proteins this viral messenger RNA might be coding for. There was no stimulation of the *E. coli* system by the viral RNA although other non-oncogenic viral RNA's did stimulate, i.e., TMV-RNA and a phage R17 RNA. Investigation using sucrose density gradients revealed, however, that this viral RNA has an unusually high molecular weight and, like other viruses with high molecular weight RNA, is extremely susceptible to degradation. These experiments have demonstrated, among other things, that larger quantities of mouse and chicken tumor virus must become available before rapid progress can be made. One of the reasons for the present explosion of information in the field of bacterial genetics has been the ability of investigators to obtain bacterial viruses in large amounts.

Dr. Charles McKhann has evolved a technique for identification of cellular antigens in those cells that do not undergo a cytotoxic reaction when exposed to antisera (carcinoma, sarcoma, and normal cells outside of the lymphocyte series). The procedure involves the adsorption of I^{125} labeled antibody to the antigenic sites, and works equally well with intact living cells or with microsomal fractions. The applicability of the test is being determined for a variety of tumor specific antigens, including those of methylcholanthrene sarcomas, polyoma, and Moloney and Rauscher lymphomas, as well as for normal transplantation antigens in the H-2 and H-3 systems of mice.

An *in vivo* cloning technique has been adapted for the study of genetic variation in methylcholanthrene sarcomas. Clones derived from single cells of the same tumor are being analyzed for chromosome number, new tumor antigens, and growth characteristics *in vitro* and *in vivo.*

Hormones and Growth Regulation

A major commitment of these laboratories in the next decade then will be to contribute to this second phase of development of the field of Molecular Biology which underlies cancer research—namely, to the study of the regulation of normal growth. This includes scrutiny of the steps in protein synthesis at which regulation may be applied, consideration of how the steroid hormones assert their influence on the machinery of growth, and analysis of the way in which normal tissues are able to repair damage and yet to turn off the synthetic process following the restoration.

The work of the Endocrine Division under Dr. Engel and Dr. Orr has continued to be concerned both with the detailed study of mechanisms of steroid hormone biosynthesis and with the definition of the nature of the structural interrelations between steroid hormones and macromolecules with which they may interact in a specific fashion.

Dr. Doering has continued his studies with the metabolic fate of mevalonic acid in hog adrenal glands. Homogenates of this tissue have a considerable capacity for the synthesis of squalene from mevalonate both in the presence and absence of air. However, such homogenates display a relatively limited ability to cyclize squalene to lanosterol. Experiments in which combinations of adrenal glands and liver fractions were used indicate that in the adrenal gland, the level of cyclizing enzyme is low.

Dr. Menini is continuing the examination of the biosynthesis of estrogens from androgens by human placental microsomes. This work was originally begun several years ago by Dr. Wilcox. Dr. Menini has developed a gas chromatographic procedure for the analysis of the incubation mixtures. Using this technique, it is possible to measure quantitatively and identify tentatively, ten different steroids in a single sample. This methodologic advance will greatly accelerate work in this field and will make it possible to explore the many factors that control the rate and course of the aromatization reaction complex.

Dr. Karavolas has now succeeded in separating from human placental extracts an estrogen-sensitive pyridine nucleotide transhydrogenase from the substrate mediated transhydrogenation that occurs in the presence of the DPN and TPN-linked 17β-estradiol dehydrogenases. Since the estrogen-sensitive transhydrogenase is stimulated by minute concentrations of estradiol, this enzyme may serve as a valuable model system for detailed studies on the mechanism whereby an enzyme may be activated by physiological concentrations of a steroid hormone.

The experiments of Anfinsen on the autoxidation and reactivation of reduced bovine pancreatic ribonuclease afforded an opportunity to examine the interactions of steroid hormones with a catalytically-active protein whose amino acid composition and sequence are known. It was found that 17β-estradiol at a concentration of 10^{-5} M exerted a significant inhibitory effect upon the reactivation and reoxidation processes. In an effort to study the details of the interactions, Dr. Lata has examined the optical rotatory dispersion of the components of this system. Native ribonuclease shows anomalous dispersion in the region associated with carbonyl absorption and that due to aromatic amino acids. In the reduced form of the enzyme, this anomaly disappears. In water 17β-estradiol shows a peak at 234 mμ. In the mixed system of native ribonuclease and estradiol there is an increase in the negative rotation of the enzyme. No such effect was observed with the reduced enzyme. However, reoxidized enzyme in the presence of 17β-estradiol shows a decrease in the trough at 237 mμ which is associated with helicity of the enzyme. Thus, tentative evidence for structural changes in the enzyme as a result of the interaction with estradiol was obtained.

Dr. Nancy Bucher continues to investigate alterations in biochemical pathways at very early stages of hepatic regeneration: deviations from normal may point to mechanisms by which the growth process is regulated. A study of nuclear RNA synthesis, based upon rates of incorporation of C^{14}-orotic acid, showed that a doubling in RNA labeling at 45 minutes after partial hepatectomy was merely a reflection of alterations in the pools of labeled precursors. Evidence so far points to a difference between these partially hepatectomized and control animals arising at some point between injection of radioactive orotate and formation of uridylic acid. Although the rate of incorporation of labeled precursors is frequently interpreted as a measure of the rate of RNA synthesis, as indicated above, erroneous conclusions may be reached in situations of rapid growth, cell damage or altered physiological states unless the behavior of the immediate precursors is also known.

The control of differentiation in the higher animal is a subject of great complexity, and one closely related to the cancer problem. One can marvel at the precision of timing of the development of the chick from a fertile egg, and yet the machinery is still too complex to permit dissection of the steps involved. A more exploitable differentiating system is the simple slime mold, *Dictyostelium discoideum.* This little living organism changes from spore to amoeba to pseudoplasmodium and finally to a mature fruiting body under conditions which can be arrested and placed under biochemical scrutiny. Dr. Barbara Wright Kalckar, with the help of Mr. Pannbacker, has expertly analyzed the synthesis of the cell wall of this organism during its morphogenesis, and has contributed to our knowledge of factors which accompany and determine the changing pattern of growth of the slime mold, and by inference, of more complex living things.

Molecular Biology

In further exploration of details of the mechanism of protein synthesis, we have become enamoured of the relatively new technique of optical rotatory dispersion during the past year. The soluble RNA molecule, which was in a sense born in these laboratories ten years ago, has a characteristic optical rotatory dispersion pattern, which undergoes change when one alters the secondary structure of this molecule. Thus one can use optical rotatory dispersion to determine that the sRNA molecule undergoes a change in structure when it accepts an amino acid. Each purified sRNA molecule also has its own secondary structural profile, as shown by this technique. The experiment we are eager to carry out is to mix a purified species of activating enzyme such as a lysyl-synthetase with a purified lysyl-RNA, and to inquire whether a change in the structure of each of these macromolecules has occurred, during their so-called mutual recognition process. The nature of this recognition process is at the heart of the translation of the message of the gene into that of the protein. The best efforts of Drs. Scott, Stephenson, Janeway and Weatherall are therefore directed toward preparing the purified enzymes and sRNA's necessary to explore the recognition step in protein synthesis.

By a continued study of the effect of ultraviolet light on transfer RNA, Dr. Jesse Scott and Dr. Marie-Hélène Buc have been able to obtain evidence which is consistent with the limited involvement of the anticodon in the non-enzymatic binding of the transfer RNA to the messenger: ribosome complex in the system developed by Nirenberg and Leder. Further, by comparing the first-order rate constants for the inactivation of non-enzymatic binding with that for the acceptance of amino acids from the aminoacyl ligases it has been possible to estimate in the case of lysyl transfer RNA that a damaging event anywhere within one-third to two-thirds of the entire molecule is sufficient to inactivate the molecule for the acceptance of an amino acid from the aminoacyl ligase. A further interesting observation was found in studying the effect of ultraviolet light on phenylalanyl transfer RNA. In this RNA the anticodon is AAA, in which the adenylic acid residues are known to be extremely resistant to ultraviolet light. In accord with this the ultraviolet light had little effect on the binding of the phenylalanyl transfer RNA to the artificial ribosome: poly-U complex. However, there was an appreciable sensitivity of the molecule when the complete system was composed to produce polyphenylalanine. This suggests that there is a hierarchy of sizes of the targets for the effect of ultraviolet light on a molecule of phenylalanyl transfer RNA in which that for binding is the smallest and is probably restricted to the anticodon and that for transfer of phenylalanine into polyphenylalanine is larger and is not overlapping with the anticodon and that for acceptance of phenylalanine from the aminoacyl ligases is the largest. Nothing can be said about the degree of overlap between the transfer and the acceptance sites on the molecule owing to the design of the experiments.

Clinical Studies

The above studies represent long-term approaches to the closely held secret of the uncontrolled growth of cancer tissue. We are also concerned with the more immediate problems of the patient with cancer, present in our midst. In this area, our Chemotherapy Group (Dr. Aisenberg, Dr. Sohier, Dr. Kelley, Dr. Allen and Dr. Carey) is carrying out investigations of the best means of treating Hodgkin's disease and metastatic malignancy.

During 1965 several lines of investigation under study by Dr. Aisenberg have added to the understanding of the immunological defect of Hodgkin's disease. It will be recalled that this defect in delayed hypersensitivity can be demonstrated by skin testing with a battery of delayed allergens or by failure of the Hodgkin's patients to accept dinitrochlorobenzene sensitization. Since considerable evidence suggests that lymphoid blood cells mediate delayed hypersensitivity, the function of these cells in Hodgkin's disease is under study. While the peripheral blood lymphocyte count is profoundly depressed in the advanced Hodgkin's patient, early in the disease the cell number is frequently normal. *In vitro* studies of Hodgkin's lymphocytes suggest an abnormality of the response of these cells to phytohemagglutinin and mixed cell culture. Thus, evidence is accumulating that the defect of Hodgkin's disease reflects an abnormality of the effector lymphoid cell rather than classical immunological tolerance.

We have become increasingly aware in recent years that in a hospital which has come to treat between 5 and 10 per cent of all cancer patients in Massachusetts, more comprehensive plans must be evolved if we are to ensure that the latest, most effective drugs and the best radiotherapy for all forms of cancer are to be made available to the patients who need them now. Toward this end we have joined with the Departments of Surgery and Radiology in particular, and also with other divisions of the Hospital, to formulate plans for the future, hopefully to enable the Hospital to focus a more complete array of clinical talent on the protean manifestations of human cancer.

We have an acute need for more medical and radiotherapeutic specialists to handle cancer which has progressed beyond the surgeon's skill into that dubious domain known as metastatic malignancy. Such skilled individuals are most effective if they are deeply involved in the pursuit of this situation in the laboratory as well as in the clinic. And yet, the amount of information to be mastered in order to maintain expertness in either laboratory or clinical medicine in the cancer field is more than the capacity of one individual can manage. The solution to this dilemma is, in our view, to enlarge the chemotherapy and radiotherapy groups in the Hospital to permit more effective coverage of this large area by greater division of labor among its members, and by better exchange of information.

This we must do, but not at the expense of our basic biological program which has contributed so effectively to the growth of medical science during the past decade. In our view, our clinical arm must be strengthened in parallel with our basic research capacity, and must blend effectively with developing efforts in the Departments of Radiology, Surgery and those other divisions of the Hospital in which cancer has become a major concern.

Once again, we take pleasure in thanking the Hospital for fine facilities, and for a stimulating research environment. To Harvard University we are indebted both for intellectual and financial sustenance.

PAUL C. ZAMECNIK, M.D.
Director

Report of the Coordinating Committee

THE reports of the M.G.H. member groups of the Coordinating Committee appear below for the Ladies' Visiting Committee of the Massachusetts General Hospital, the M.G.H. Service League and the Distaff Club.

MRS. R. MORTON CLAFLIN, CHAIRMAN, PRESENTS THE FOLLOWING REPORT FOR THE LADIES' VISITING COMMITTEE:

There are presently eighty-four active members of the Ladies' Visiting Committee and, I am happy to say, that with very few exceptions all of these members give time and service to the Hospital. Our activities are varied and often are done in conjunction with others.

Ward visiting was carried out as usual under the capable leadership of Mrs. Taylor Black. The long term wards were well covered by Visitors during the year and all requests for visitors were fulfilled.

The Baker Hospitality Committee was as busy as usual serving coffee in the winter and lemonade in the summer to incoming Baker patients and their waiting relatives. The escort service makes for a shorter waiting period for the patient and relieves some of the congestion at the Information Desk. This year the Committee was a small group of sixteen L.V.C. members and one other volunteer who gave 425 hours of service. Mrs. H. Thomas Ballantine acted as chairman.

During the year 17 volunteers and one paid worker operated the Traveling Store. Ten of the volunteers were members of the Ladies' Visiting Committee. Mrs. Walter H. Anstey, the chairman, reported a net profit of $6,808.42 for the year. She felt the money involved was truly secondary to the service and pleasure the Traveling Store offered the patients.

Mrs. Francis B. Haydock, chairman, and the members of the

Children's Service Committee worked closely with the Recreation Service, taking creative activities to children in isolation, playing games, reading, and teaching handcrafts as needed. The Mother Bank was established and in addition to the valuable service this has been to the young patients, the existence of the Mother Bank has provided an added opportunity for continued communication between the Nursing Staff and the L.V.C.

The responsibility of the Chapel Committee is to serve in a liaison capacity. This Committee keeps in touch with the Chaplains, informs itself of the needs of the Chaplain's Service and keeps the L.V.C. in touch with the Service. Mrs. Frederick Deane has served as chairman of the Committee throughout the year and has brought great interest and devotion to her task. Mrs. Edward Bland was in charge of Chapel Flowers and arranged to have appropriate and lovely flowers on the altar at all times with special attention being given at Christmas and Easter.

The Flower Committee under the direction of Mrs. George R. Brown performed the monumental task of keeping plants, flowering plants and small tree plants in all the lobbies of the Hospital. Her Committee carried out a number of projects which included furnishing large planters in Bartlett Hall, a planter in Baker, decorations in all the lobbies and outside the Hospital at Christmas time, large tubs planted with trees for the Warren patio, et cetera. This is an enormous job to do throughout the whole year and Mrs. Brown deserves a great vote of thanks from us all.

Christmas is an exciting time anywhere and at the M.G.H. it was no exception. Mrs. Peter Hunsaker's Christmas Committee was greatly indebted to Miss Marjorie Shea for her kindness and thoughtful efficiency in helping them do their appointed tasks. Paints and brushes, trees and 55 dozen ornaments were delivered by six faithful ladies to the various floors and clinics. The caroling groups were arranged for as usual and were guided about the Hospital by seven members of the L.V.C. The children in Burnham had a lovely party with stocking presents and favors, all planned and arranged by Mrs. Haydock.

The Furnishing Committee had less to do than in the past as the Administration is doing such an extensive job of redecorating the Hospital. However, Mrs. Merrill Wiggin and her committee refurbished the Lawrence Room in the Volunteer Department.

Encouraged by Dr. Neumann, the Art Committee was kept busy putting up hundreds of pictures all over the Hospital. A special project has been to hang pictures in every room in the Phillips House and an effort has been made to have as many real works of art (original oils or water colors or prints) as possible. Many pictures are on loan from museums as well as from various artists. Pictures have been hung in many of the offices and used to enhance the groupings of furniture in the corridors of the Hospital. These efforts of Mrs. William Constable and Mrs. Nelson Aldrich are visible in all parts of the Hospital and have added a great deal to the improved appearance of all the buildings.

The Coffee Shop has grown a-pace to our enormous satisfaction. We are grateful to Mrs. Almy, Mrs. Baldwin, Mrs. Riemer, Mrs. Ferguson and to each person who has volunteered her time to work in the Shop during the year.

The renovations in the Clinics Building have been completed and the L.V.C. was able to give over $3,000 to help buy medical equipment for the Ambulatory Children's Clinic. We made a gift of $5,000 toward the modernizing of White 9 with the hope that this particular gift will give encouragement to the Administration to proceed with its plans for re-doing the floor.

The biggest event of the year for us came with the opening of *The Branch,* our new gift shop in the Warren Lobby. Through the devoted efforts of Mrs. Fiske and her committee the building of the Shop was accomplished and the results have already proven a great addition to the Hospital. The General Store continued to be a great service to our patients and visitors and to our Hospital family.

The 1965 financial report of The General Store, which is operated for the benefit of the Hospital, is submitted by Mrs. Francis C. Gray, as follows:

Balance on Hand — December 31, 1964		$ 27,375.51
Cash Receipts		129,215.72
Total		$156,591.23
Expenses:		
Salaries (Inc. Pension, Social Security, Workmen's Compensation)	$ 16,963.24	
Stock Purchased	91,986.31	
Utilities Charge	150.42	
Miscellaneous (Includes Excise Taxes)	339.85	
Branch Construction & Equipment	10,136.50	
Total Expense		$119,576.32
		$ 37,014.91
Paid to Ladies' Visiting Committee		8,000.00
Balance on Hand — December 31, 1965		$ 29,014.91

SUMMARY

Receipts	$129,215.72	
Expenses	119,576.32	
Cash Gain	$ 9,639.40	
Increase in Inventory	1,469.00	
	$ 11,108.40	
Cost of Branch	10,136.50	
Operating Gain for 1965	$ 21,244.90	
Value of Inventory December 31, 1965		$ 6,991.00

At our meetings during the year we had talks by Mr. Crockett who explained to us the plans for the temporary buildings and the Surgical and Special Services Building. Dr. Pontoppidon and Miss Wassineus kept us raptly attentive as they described work done in the Respiratory Unit. Dr. de Marneffe came and discussed the work being done at McLean Hospital, and Dr.

Knowles spoke to us concerning the Shriner's Institute for Burns which is to be built near the M.G.H. In January we had our luncheon, a most pleasant occasion and a beneficial one. Not only did we hear an exciting description of the work of the Cardio-Pulmonary Unit given us by Dr. Russell, Dr. Frank Austen and Dr. Haber, but we also had an opportunity to strengthen our friendship with the members of the Administration with whom we work so closely.

A most heart-warming special event which took place this year was the celebration of Mrs. William Jason Mixter's fifty years of membership in the Ladies' Visiting Committee. A gold pin was given her by Dr. Knowles who expressed the pride and gratitude felt by the Hospital and the L.V.C. for the fifty years of her remarkable service to the Hospital. A most memorable occasion for us all.

We have had the pleasure of adding Mrs. John Weeks, Mrs. William O. Taylor, Mrs. Francis H. Burr, and Mrs. Ross Sherbrooke to our membership and we have been saddened by the loss of Mrs. Orren Wood and Mrs. Harold Veazie. Our grief was added to that of the entire Hospital by the death of Mrs. Constance Braman. We had come to know her well during the years when she was at the Phillips House and we felt that we had lost a good friend.

We look forward to the opportunities to serve the Hospital that will come to us during the coming year and to the excitement of being even a small part in the life of the M.G.H.

REPORT ON THE COFFEE SHOP

The Coffee Shop, which opened in January 1964, is now well established. Each month has been increasingly busy, and the need for such an area within the Hospital seems almost to speak for itself. This of course is gratifying to its sponsors, the Ladies' Visiting Committee and the MGH Service League who together are responsible for its original planning and daily operation. There is always strong support from the Administration and this has been helpful to us in many, many ways.

During the early months of operation there was an average of 400-500 customers daily. The number has now increased to over 1,000 each day. This, while most encouraging, already begins to present problems, for certain working areas are proving to be far too congested and inadequate. We hope before too long some corrections can be made.

Because of popular demand a take-out service was established many months ago. This has become more and more popular, but again because of lack of working space is more than can be handled during the busiest hours between 11 A.M. and 2 P.M. As a result we have had to eliminate take-out orders from the grill during these hours and provide only sandwiches and simple desserts.

On November 1, 1965 the hours of the Coffee Shop were extended from 5:30 P.M. to 8:30 P.M. There are between 200 and 300 customers each evening, and this service is deeply appreciated, particularly by patients' visitors. The Volunteer Office provides us with two or three volunteers each evening, which is most helpful. They are responsible young ladies who work as teachers, secretaries, etc., during the day.

The night of the "Blackout", because we fortunately have some auxiliary lighting, we were able to remain open without interruption of service. The personnel rose nobly to the occasion, and we were proud of their effort and ingenuity.

I cannot close without paying tribute to our volunteers, who by their service make the Coffee Shop a rather special place. This past year there were 4,864 hours recorded by the regular volunteers. In addition, during the summer months the Coffee Shop was staffed almost entirely by student volunteers who came from the Volunteer Office. Their hours totaled 2,341, and their service was invaluable. It is with pride and gratitude that the Committee records the grand total of 7,205 volunteer hours for the Coffee Shop. Within this record is to be found the key to much of the year's progress and success.

DOROTHY KRANES
Chairman

MRS. BENJAMIN CASTLEMAN, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE MASSACHUSETTS GENERAL HOSPITAL SERVICE LEAGUE:

The Service League has continued in its endeavors to serve the Hospital, and as it expands its activities its members work more closely with other volunteer groups.

Concurrent with the Hospital's increasing concern for the care of the ambulatory ill has come a surge of Service League activity in the Clinics. More than 40 information and hospitality workers have been carefully trained to assist the clinic patient. A pleasant and productive association with the Volunteer Department of the Massachusetts Eye and Ear Infirmary has resulted in a coordinated training program and in cooperative staffing of two of the information and hospitality centers serving both hospitals. Selected volunteers from each group helped to "mother" the 250 small children under the program "Operation Headstart" last summer. The hospitable gesture of offering a beverage to patients waiting for treatment continues to be a Service League project. It is most gratifying to see the response of patients in the Admitting Area and the Amputation Clinic when tendered this gesture of reassurance and goodwill. In the Amputation Clinic an average of 30 people were served twice a month. Two Service League members took turns offering coffee, tea, cocoa for the children, a fruit drink in summer, all appropriately prepared in the diet kitchen for the many diabetic patients.

The busy intersection in the Brick Corridor was another center for an Information Service. This Information Service, initiated in 1961, answered an ever increasing need for the many visitors bewildered by the complexities of a large hospital and often upset by the problems engendered by illness. The Service was staffed five days a week from 10:00 A.M. to 3:00 P.M. An average of 100 people approached each day. The questions were many and varied. Now that the Brick Corridor is to be demolished this team of well trained workers stands ready to dispense information in any location where the Hospital has need of such service.

A very happy joint venture was initiated when the entire

Hospital family sponsored an evening at Pops. A central committee representing all hospital departments supervised the project. Administration, staff, employees, and their families attended and reactions were overwhelmingly favorable. One-half of the floor of Symphony Hall was allocated to us and the ticket supply was exhausted ten days after the tickets went on sale. In view of the success of this affair, efforts will be made to reserve the entire floor for an MGH Night at Pops in 1966.

One of our early and continuing interests is to provide some kind of welcome for the many men and women from other countries who come to work and study at the M.G.H. Since many of the visitors are fellows and residents and therefore near the age of the resident staff, our hospitality program receives great help from the Distaff Club. The annual spring picnic at the home of Dr. and Mrs. Bradford Cannon gave a day in the country to 75 adults and an unknown number of offspring. Another party that has come to be an annual event is an informal supper in the fall for individuals who are here alone. Thirty-one Americans were host to 31 visitors at what was for many a first party in an American home. Many small, informal gatherings were arranged to give the visitors the opportunity to visit in American homes and participate in community life. Often the need of the wife, home with children, is different from that of the busy husband. To meet this need there was neighborhood visiting all year and beach trips in the summer. Last summer 40 adults and 104 children, representing 13 nationalities, had a chance to enjoy sand and surf.

Our most widely known project is arranging for home hospitality at Thanksgiving and Christmas time. Every visitor has the opportunity of a holiday invitation if he wishes. The fall and spring teas are other times for social exchange and for acquaintance with a wider circle of hospital staff.

If we are going to offer hospitality we have to know who is here and where to reach him. The Reception Center for International Visitors registered 102 visitors from 33 countries. Since many of these registrations represent married people, often with several children, the total number of visitors was far greater. Forty-three volunteers worked a total of 1,480 hours at the Reception Center to welcome these visitors and help them. The most important need is usually a place to live and 60 visitors received help in finding a room, apartment, or house. Many tickets donated for concerts were distributed to visitors through the Reception Center and always happily received. We have long been grateful to the McLean Hospital for providing storage space for the second hand furniture loaned to those who come from abroad. Now, at the suggestion of a most helpful administration the location was changed to a light and comfortable suite of rooms in an unoccupied building. Here we have combined efforts with McLean staff wives. The help of the wives of some of the residents has been particularly valuable since they are available in July when many visitors arrive.

Among our cooperative efforts, the major one has been with the Ladies' Visiting Committee culminating in The Coffee Shop. A separate report for this project appears on page 94.

A series of concerts held twice a month during the winter adds to patient cheer. The wheelchair and ambulatory patients are escorted to the Chapel where they hear a half-hour of music provided by guest artists, who generously give their services for the concerts. The Chapel Concert Committee enjoys the cooperation of Miss Shea and the Nursing Service in working out the many details.

To help us place our particular projects in perspective Miss Wolf and the meetings of the Advisory Committee to the Volunteer Department and Miss Shea and the meetings of the Coordinating Committee conducted by Dr. Neumann are invaluable. Two Service League officers attended each one of these meetings. Attendance at Hospital Association meetings helped us relate our volunteer work to that done in other hospitals. The President attended the national convention of the American Hospital Association in San Francisco. At least two delegates attended the New England Assembly, the State and Regional meetings and workshops.

Many ways are used to inform our membership and persuade others to join us. A Bulletin is mailed three time a year. Morning coffees held in eleven communities brought together 173 women comprising both present and potential members. The annual meeting in May and the midwinter luncheon with its large audience of over 200 were times to tell the Hospital story.

Our aim is to include the wife of every staff doctor in our membership. We are happy to welcome an increasing number of members from the community to join in our work of serving the M.G.H.

MRS. GRAEME HAMMOND, PRESIDENT, PRESENTS THE FOLLOWING REPORT FOR THE DISTAFF CLUB:

The Distaff Club is composed of the wives of House Officers and Fellows at the Massachusetts General Hospital, the Massachusetts Eye and Ear Infirmary, and McLean Hospital. Also included in the membership, if they wish to join, are women who are House Officers and Fellows themselves.

This report covers the period from October 1, 1964, to September 30, 1965, and therefore the work and activities of two executive boards. The election of officers takes place each year in April with the new Executive Board taking over in mid-May. The officers for 1964-65 were Mrs. Michael Jabaley, President; Mrs. Graeme Hammond, Vice-President; Mrs. John Noble, Corresponding Secretary; Mrs. Richard Root, Directory Secretary; and Mrs. Bruce Zawacki, Treasurer.

General meetings designed to interest, educate and entertain were planned for Distaffers during this period. In November, Mrs. Mae Gadpaille, Director and Founder of the St. Frances De Sales School in Roxbury, discussed the Montessori teaching method. Guests from the wives' groups at Peter Bent Brigham, Boston City and Children's Hospitals were welcomed at this meeting. A musical program, to which all MGH international visitors were invited, was presented in January by four talented members of Distaff. In February, the Reverend Arthur Jellis of the First Parish Church in Concord spoke to Distaff about his experiences in Mississippi as minister-counselor to a group of young people who were part of the COFO Mississippi project. Dr. William MacAsland, Jr., orthopedic surgeon at the MGH, gave an illustrated talk in March about his experiences in Nigeria where he performed volunteer work for Medico. Following these meetings which were held in Bartlett Hall, refreshments were served.

In February, a rare treat was afforded Distaffers who toured the stained glass studios of Charles J. Connick Associates. It was in these studios that the beautiful rose window for the MGH Chapel was created.

The social activities of the Club included a wine-tasting party held at the Retina Foundation, a Christmas cocktail party in the Penthouse, a winter skating and sledding party at the home of Dr. and Mrs. John Raker, and a spring luncheon at Joseph's on Dartmouth Street in Boston. In May we joined with the Service League in giving the annual Spring Dinner Dance at the Hotel Continental in Cambridge. The traditional Memorial Day Picnic at the home of Dr. and Mrs. Bradford Cannon was held a week early this year. The Cannons once again welcomed all Distaffers and their families to a picnic complete with ice cream, pop, pony rides and balloons.

Special projects undertaken by Distaff on a volunteer basis were the annual Halloween and Valentine parties for the children in Burnham, and the gift wrapping of more than 600 presents for the Hospital Christmas Party. Throughout the year Distaffers joined with members of the Service League to help entertain international visitors at morning coffees. During the summer beach trips were included in this program.

A special service was provided for newcomers in the spring by the Housing Chairman, Mrs. George May, who sent information about the Greater Boston area with specific housing details to all incoming House Staff families. Mrs. Leonard Bushnell became the new Housing Chairman in May and was able, by letter alone, to place several families in apartments previously occupied by MGH Distaffers.

In May 1965 the new Executive Board came into office. The elected officers were Mrs. Graeme Hammond, President; Mrs. Howard Rotner, Vice-President; Mrs. George Zinninger, Corresponding Secretary; Mrs. Jack Wittenberg, Directory Secretary; and Mrs. Donald Skinner, Treasurer.

By June 1, all known incoming House Staff families had been sent a letter of welcome, the latest Distaff newsletter, and a list of "Distaff Suggestions" noting the shops and summer activities favored by our group.

The July Tea, at which Dr. and Mrs. John Knowles and the

Distaff Club welcome newcomers, marked the official beginning of the club's activities for 1965-66. A summer "Get-Acquainted" program was begun this year. Through the organization of the Area Coordinator, Mrs. Terry McEnany, and her able group of area representatives all newcomers were contacted and invited to small informal gatherings during the first three weeks in July. These were climaxed by a picnic for the mothers and children at the home of Dr. and Mrs. John Raker in Concord. During August, Distaffers took a trip to the DeCordova Museum followed by luncheon at Hartwell Farm, and spent a day with their children at Wingaersheek Beach. Mothers and children also toured Drumlin Farm in Lincoln after which they proceeded to Waldon Pond for a swim and picnic lunch. Area meetings were held at the end of August to discuss plans for the year. In September at the first general meeting, Miss Ruth Bean, Executive Director of the Women's Educational and Industrial Union, spoke to Distaff about the historic Boston service organization she directs.

The Distaff Directory was issued in August. This invaluable booklet contains the names, addresses, telephone numbers, and husbands' position of approximately 350 Distaffers. Throughout the year four newsletters were published to keep members informed of the Club's activities. As well as program reports, the *Distaff News* prints feature articles, information about furniture for sale, jobs available, houses for rent, new babies and so forth.

Financial support for Distaff programs, parties and publications was provided by annual dues of $3.00. (In 1964-65 there were approximately 130 dues-paying members.) Additional funds were raised through the Bake Sale—$168.75—in November, 1964. Distaff also received a gift of $100 from the Ladies' Visiting Committee.

In the fall of 1964, Distaff published a cookbook entitled "Distaff Dishes". Priced at $1.50 per copy, it was a great success both financially and otherwise.

The Distaff Club continues to strive toward its aim: "to integrate its members into a cohesive group for social and service activities".

Report of the Advisory Council of The Massachusetts General Hospital School of Nursing

EIGHT regular monthly meetings of the Advisory Council were held from September, 1964 through May, 1965 with the exception of the December meeting.

The Federal Loan Plan for Student Nurses under the U.S. Nurse Training Act became a law in December, 1964 and should do much, not only in alleviating the financial needs of students, but also in recruiting future nurses in general. The plan was reviewed by the Council during the fall, and application, made in November by the MGH, was granted.

Faculty turnover and recruitment of student nurses continue to be problems. Very little is being done about recruiting in Massachusetts, and the Advisory Council has requested the Nursing Council of the United Community Services to consider setting up a recruitment program.

The annual joint luncheon meeting with over 50 members of the faculty of the MGH School of Nursing and 18 members of the Advisory Council was particularly interesting as Dr. Charlotte Voss, Dean of Nursing, and Roy Wooldridge, Dean of the Cooperative Program at Northeastern University, described the unique plan of alternate terms of study and work.

Over a period of several months the Council considered the criteria for the evaluation of nursing schools as proposed by the National League for Nursing, as well as the latest directive from the State Board of Registration concerning the minimum educational criteria and curriculum standards for schools of professional nursing. The Council wishes to go on record as concurring with the present trend toward less specific and rigid standards, although they are concerned about the size, difference, and diversity of programs particularly in Massachusetts.

This committee was privileged to hear Dr. Gene N. Smith, M.G.H. psychologist in charge of a project to study the correlation of College and NLN pre-entrance nursing examinations in an effort to predict the success of our nursing school students more effectively. An interesting discussion of the difference of academic ability and clinical performance in hospitals followed.

For the fourth year a Parents' Day Program for the junior class was held on two successive Saturdays in October. Luncheon and a tour of the hospital following the interesting panel by students describing their second-year affiliations.

This year (1965) marks the 50th Anniversary of the Student Nurses' Cooperative Association (our MGH student nurses' organization). Your Chairman would like to recommend that the Advisory Council plan some special observance of the occasion. The Cooperative Association is sending two representatives to the International Council of Nurses' Congress in Frankfurt, Germany in June, and the Council donated a small sum of money as a token of its interest.

Dr. Keller reported on the general good health of our students and suggested that they be enrolled in Blue Cross, which would enable them to choose a member of the Visiting Staff for medical care instead of automatically being assigned to the House Staff.

The Trustees Committee to the School of Nursing has met five times during the year, and we are most grateful to the Chairman, Mr. Lloyd D. Brace, for his thoughtful presentation of the School's problems to the Trustees.

It is with great regret that we lose Mrs. W. K. Jordan, Mrs. Alan Morse, representatives of the community at large, Mrs. Van Courtlandt Elliott, representative of the field of education, and Miss Edna Lepper, an Alumnae representative, as their terms of office have been completed at this annual meeting. Their contributions to this committee have been great. I particularly would like to thank Mrs. W. K. Jordan, an ex-chairman of this Council, for her constant support and advice throughout the years. Her ideas have been invaluable.

No report would be complete without expressing my appreciation to the members of this Council for their interest and willing participation in studying the problems as well as the future plans of the School of Nursing. My six years in office as Chairman of the Advisory Council have been both stimulating and rewarding. But the greatest privilege of all has been working with Miss Sleeper, whose wisdom, vision, and inspiration I will never forget.

FRANCES J. FAHNESTOCK
Chairman

Nursing Department

MASSACHUSETTS GENERAL HOSPITAL NURSING SERVICE

October 1, 1965

Full time Graduate Nurses, General Hospital and Clinics	352
Full time Graduate Nurses, Baker Memorial	94
Full time Graduate Nurses, Phillips House	101
Total Full time Graduates	547
Part time* Graduate Nurses, General Hospital and Clinics	17
Part time* Graduate Nurses, Baker Memorial	15
Part time* Graduate Nurses, Phillips House	26
Total Part time* Graduates	58

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*Part time nurses expressed in equivalent of full time

SCHOOL OF NURSING

October 1, 1965

Full time Faculty, nurses and other	55
Part time Faculty, nurses and other	0
Student Nurses—three-year program	363
Student Nurses—Coordinated Program	6
Total Student Nurses (M.G.H.)	369

Students from other basic programs in nursing using M.G.H. facilities

Simmons College School of Nursing	30
McLean Hospital School of Nursing	25
Northeastern University School of Nursing	30

The Nursing Department

THE NURSING SERVICE

A LOOK at the changing assignment of nurses in the Hospital today foretells in one respect the future of nursing. This year nurses have been sought with special skills in the care of patients with cardiac conditions, with respiratory failure, with hemodialysis, and with burns. Nurses with occupational health skills are needed in the M.G.H. Medical Station at Logan Airport. Nurses with broad preparation and experience have been appointed to conduct Nurse Clinics in the Ambulatory Services. It is anticipated in the year to come that the need for nurses with other specialized knowledge and skill will be apparent in more areas throughout the Hospital, and the welfare of an increasing number of patients will be dependent on the special knowledge and skill of their nurses.

Numbers, too, continue to be an essential factor. The staff employed for direct patient care has increased further this year.

Average Number	*1960-61*	*1961-62*	*1962-63*	*1963-64*	*1964-65*
Registered staff nurses	352	360	406	417	428
Licensed practical nurses	69	77	83	82	92
Aides—men and women	168	200	190	183	191
Total	589	637	679	682	711

The ratio of nurses to licensed practical nurses and aides has shown little change.

	1960-61	*1964-65*
Registered nurses	59.8%	60.2%
Licensed practical nurses	11.6%	12.9%
Aides	28.6%	26.9%
	100.0%	100.0%

For medical and surgical services such as ours this ratio of graduates is essential. The total number needed is affected by many factors. For example, small patient units, good in themselves to facilitate closer nurse-patient relationships, require a somewhat higher nurse staff. To assign one staff nurse 7 days a week, 3 periods a day, on each of our 39 in-patient units requires 164 full-time nurses. And, one nurse per unit is far from adequate to meet the needs of our patients or to maintain the necessary ratio of nurses to other nursing personnel. Daily classification of the patients according to nursing needs shows an average of 30-50% of all M.G.H. patients in need of nursing care commonly given in other hospitals on intensive care units.

Although the percentage increase in the employment of licensed practical nurses seems small, the numerical increase is noteworthy. The licensed practical nurse is currently the most stable of these three groups giving direct patient care. She is prepared to nurse immediately upon employment. She is prepared to carry a significant share of the basic nursing care.

Seventy-seven affiliating student practical nurses, 60 from the Shepard-Gill School of Practical Nursing and 17 from the Boston Trade High School for Girls affiliated at the Hospital this year. Sixty-five of the total completed the 9-10 months. In conformance with a plan made by the hospitals participating in these practical nurse affiliations, the monthly allowance of $25.00 paid by the hospitals was discontinued with the September, 1965 entering class. Although the cost of this affiliation remains relatively high, its value continues unquestioned. Twenty-three of the 1964-65 graduates returned to the Hospital for employment.

Three major factors were largely responsible for success in recruitment this year. Seventy percent of the School's 1965 graduating class returned to work as staff nurses. Doubtless these like the other nurses employed this year were influenced by the increase in salary granted in October, and by the improvement of residence facilities offered for the first time in May. An estimate of the cost of housing the graduate nurses, both registered and practical nurses, in residences operated to meet the needs of student nurses, showed that the Hospital could afford to close one residence and rent, to sublet, apartments in nearby facilities. Fifty-three apartments, far more suitable for working women, now provide residence for 132 nurses. Time will tell whether this change will help in any way to stabilize our employment situation.

Instability of employment continues to detract from the effectiveness of the nurse staff and to add to its cost. A study of the cost of replacing a nurse, including the expense of advertising, interviewing, employing, orienting and inducting a nurse, was estimated to be $420.03. In 1964-65 the Nursing Service employed 311 nurses. This figure, hitherto not separately identified from other Hospital employment expenses, points up our need to search further for major factors responsible for this instability of graduate nurses employed in the Hospital.

This year the M.G.H. and two other Boston teaching hospitals employed the first of the cooperative nursing students in the Associate Degree program at Northeastern University. These students, acting as aides, are full-time employees for half of their second and third years, alternating 12-week blocks of study, during which the University teaches and supervises when in the Hospital, with equal blocks of employment when Nursing Service is responsible. The Coordinator from Northeastern University also follows the students during the employment period. The Nursing Service appreciates this opportunity to work with Northeastern in this new approach to nursing education, believing that the graduates of this program will gain a realistic approach to nursing in the hospital, insight beyond that now attainable during the usual two-year nursing school program, and hopefully an interest in returning to the M.G.H. to work.

The Nursing Service has had a diversity of activities and challenges in the several buildings. Cooperation with the Computer Project has centered in the Baker Memorial. The teletype is now installed on Baker 5. Plans are under way for installation on all other floors and the training of ward personnel to use the teletype has begun. In-put on admissions and discharges has started. Laboratory reports are now received. As established systems must be continued during this phase of installation, activities thus far have served only to add to the Nursing Service load. No assistance has yet been achieved with the computer medication project but plans continue.

Much time was spent planning for the new unit on Baker-Warren 12, which opened in November. Anticipation of a 41-bed unit to be opened during a peak demand for beds throughout the Hospital intensified the problems of recruiting staff. It was indeed a tribute to the Baker Nursing Staff that on opening day a head nurse and an assistant, 9 staff nurses, and 6 practical nurses were ready for their assignments without serious depletion of the other floors.

In the Bulfinch a plan was inaugurated to share the special skills of the psychiatric nurses from B7 in the care of the patients on the general medical wards. Working with the medical consultant psychiatrist, the social worker, and the nursing staff, the psychiatric nurse has helped to increase awareness as well as readiness to deal with the emotional needs of the medical patients.

In the spring a special care unit was organized on Burnham 6. Initially believing the unit was to concentrate on the needs of the burned child, much time was given to preparing nurses for this special care. The unit now, however, admits all critically ill children.

The Clinics have had an especially active year. A continuing study of the function of the clinic nurse has brought an effective separation of functions primarily clerical or administrative, and the employment of an administrative assistant to remove non-nursing functions from the nurse's assignment. Forecasting, not heretofore considered possible in the clinics has begun. As in other units of the Nursing Service results are most apparent in planning and control. The demand for Nurse Clinics has increased to include Medical, Pulmonary, Diabetic, Alcoholic, and Children's Clinics. Trends in other clinics indicate future changes. Nursing Service must immediately seek to identify and meet the emerging needs for in-service education for these nurse "specialists."

The White Building reflects the constant increase in the intensity of care demanded by the Hospital's changing program: the number of geriatric patients undergoing major surgery with their higher number of tests, their great dependency upon nurses, and the difficulty and delay encountered in moving these patients into nursing homes competent to continue their needed care. In general the number of medications is higher, and more intravenous therapy is given. The complexity of postoperative care increases. White 12, a unit with 11 beds in one section where burned patients may have 20-30 extensive dressings in an 8-hour period, and a separate unit for transplant patients where physical and emotional care must be of the highest order, actually should have as much nursing care as White 6 or 7.

The Vincent Memorial Nursing Service has had a difficult year. Attrition amongst staff nurses has been far higher than in other areas of the hospital, and both head nurses have changed. Serious review of the situation brings out several contributing factors: 1) the floor, closed in the summer of 1964, lost its regular staff as they were dispersed on other wards, and these nurses never returned; 2) the School, because of lack of clinical instructors, withdrew its senior students from the Vincent floors in 1964, and graduates of the School tend to return to patient units on which they have enjoyed nursing as students; 3) this is a women's floor and like no other in the Hospital offers no opportunity for easy exchange of staff between men's and women's units as does, for example, the Bulfinch. It is good to report that as the year ends stability is developing amongst the nurses, and practical nurses having been assigned to the Vincent as students are now returning as graduates.

The pace of the Operating Room Nursing Service has shown no decrease. Demands for the White Recovery Room grow out of proportion to its size and staff, as it functions as a temporary critical care area when other suitable bed space is unavailable. This year the increasing number of transient patients coming for operation has further complicated the situation. These patients who need to remain under observation in the Hospital for a few to ten to twelve hours should be cared for elsewhere, and not in this unit where the critically ill patients need all the nursing time available.

In March Mrs. Constance Braman died. Mrs. Braman had held the dual position of Assistant to the General Director of the Hospital and Assistant Director of Nursing since 1949. Through her leadership, the Nursing Service of the Phillips House was brought into close relationship with that of the Hospital as a whole, and effective steps were taken to raise the level of preparation of nurses in that unit. In the years during which the Phillips House was expanded from a 94-bed unit to a service of 168 beds, she succeeded both in maintaining a progressive improvement in patient care and holding the strong sense of dedication typical of the Phillips House Nursing Service. Miss Miriam Huggard, M.G.H. 1931, a supervisor in the Phillips House for 23 years, has been appointed Assistant Director of Nurses.

The School of Nursing

The high point in the year for the School of Nursing was unquestionably May 1st when the School moved into a building of its own. The former public school, the Winchell Primary School on Parkman Street adjacent to the Hospital, now supplies the first adequate facilities ever possessed by the School of Nursing in its 92-year history.

Formerly students and faculty went to classrooms, laboratories, and offices in 8 different buildings, 2 of which at 20 Charles Street were 6 blocks away from the Hospital grounds. The remodeled building, with Walcott House, now provides 2 science laboratories, 3 nursing laboratories, 5 classrooms seating 65, 3 conference rooms, a lounge for students and office space for instructors and secretaries. In addition 1 nursing laboratory and 1 conference room are set aside for the practical nurse program.

The Palmer-Davis Library occupies the first floor. For the first time the Library can accommodate all who desire to use the reading rooms, and there is shelf space to allow sound growth of our collection. In addition to the accessions on nursing and related fields, the Library can now hold a growing historical collection of some value. At the request of the student body, a worthwhile collection of fiction is also being acquired. A separate reading room for study and a comfortable faculty lounge are much appreciated by the faculty.

Two classrooms and offices for 14 teachers, counselors, and secretaries remain in Walcott House. Space on the first floor of Thayer was retained to provide offices for the instructors with the practical nursing program, the M.G.H. Coordinated Program, and with Simmons College and Northeastern University students.

Coming just at this time, the remodeled school building gives assurance to the School as a whole that the Trustees and Administration believe in and intend to continue the support of our three-year program. In spite of this reassurance, the question of the School's future is under almost constant study. In these days when increasing emphasis is placed on the baccalaureate program as the basic preparation for professional nursing, such constant review of the School's continuance is essential. The Faculty, the Administration, and the Trustees' Committee on the School of Nursing and Nursing Service have reviewed various phases of our program in the light of changing goals for nursing, and increasing demands for patient care.

Success in recruitment continued. The number of applicants lessened somewhat when College Board Examinations were added as one requirement for admission in 1961. This loss was a logical one apparently due to two factors. Some who might have applied to this School have chosen the college program; others who realized their inability to meet requirements wisely refrained from submitting the application. In contrast to approximately 500 applications received five or more years ago, there were this year 404. Of these the Committee on Admissions considered 352, interviewed 319, and appointed 134. The quality of the 1965 entering class compares favorably with that of preceding classes.

Geographically the School continues to draw students from the country as a whole, but the proportion from Massachusetts is slightly higher.

Admissions	*1960* No.	*1960* %age	*1965* No.	*1965* %age
Massachusetts	70	60.8	85	63.4
Other New England States	30	26.0+	31	23.1+
Outside New England	15	13.0+	17	12.6+
Outside U.S.A.			1	.7+
	115	99.8	134	99.8+

A third factor, one of critical concern to every school of nursing whatever type of program it offers, is the shortage of instructors. Eleven full time and 1 part time teacher resigned this year: 3 for graduate study; 4 for marriage or pregnancy; 4 to work elsewhere; and 1 for personal reasons. In its effort to secure teachers, the diploma school is in direct competition with the baccalaureate programs in nursing. As the State supported community colleges develop nursing programs in New England and elsewhere, the competition will increase. Status of the instructor in the university or community college, the stimulation offered by association with instructors in other fields of education, the prospects of declining interest in the hospital school, all work to the disadvantage of schools such as ours.

A fourth factor to be weighed constantly is the possibility that in the future the diploma school cannot produce a nurse capable of adequate patient care in a situation where the most advanced demands are made upon both the medical services and all contributing ancillary groups. Can a girl with high school background only, with a three year or shorter program in applied science and nursing, achieve the necessary degree of knowledge, judgment, and workmanship?

Costs, too, must be considered. To conduct a good program in a diploma school today is not inexpensive. The students in the School of Nursing this year paid as freshmen $1,360; juniors $408 to M.G.H., $125 to Boston Lying-in, $75 to McLean Hospital; seniors $346. The opening of the tax supported community programs will make a difficult decision for many families.

In spite of these adverse situations, the decision was made to continue the School until evidence indicates that standards of admission and instruction can no longer be maintained. The decision was based on the present and projected need for nurses to give direct patient care, and on the contribution of graduate nurses made by the School to the M.G.H. nursing staff. Worthy of note was the difference in returns made this fall. The average return of the members of the graduating class over the past several years has been 65%. Of the 18 students graduated from the experimental Alternate Program, in which the students spent just over a year at Northeastern University, 50% returned to the Hospital to work. Of the 79 graduated from the Standard Program, in which all studies were taken in the home school, 79% returned.

Forty-nine students applied for assistance from the newly established Nursing Student Loan Program established under the Nurse Training Act of 1964. In the spring of 1965 the School applied for and received $1,800 to which the Hospital added $200. In the fall our application was for $18,000 to which the Hospital added $2,000. Of the 49 students, 30 were freshmen, 18 juniors and 1 was a senior. Loans ranged from $100 to $1,000.

Seventy-seven students applied this year for financial aid. A total of $33,845 was granted. Of this $6,000 was income from invested scholarship funds, $12,545 was given as remitted tuition, and $15,300 in the form of federal loan. Availability of the federal loan fund has been of significant assistance to students and reduced the requests made to the School for both scholarships and loans.

Housing will not be easy without the Thayer House which has been a residence for student nurses since 1881. With the decrease in enrollment in September, 1966 as the second and last class of the Alternate Program is graduated, there should be ample housing for the fall class. At present 260 M.G.H. students, 44 student practical nurses and 65 graduate nurses and practical nurses live in Bartlett Hall, 20 Charles Street and Walcott House.

In September the 18 students graduated from the Alternate Program received both the M.G.H. diploma and the Associate in Science Degree from Northeastern University. Four of these students enrolled immediately as full time college students.

As the year ends, the School is seeking to make new plans for instruction and experience in obstetrical nursing. For 65 years M.G.H. students have affiliated at the Boston Lying-in Hospital. Notification has been received that beginning in September, 1966 a charge of $240 for maintenance will be added to the present $125 payment for tuition. It seemed to Faculty and Administration unwise to add this sum now to the second year fees. The School must therefore decide whether students can live at M.G.H., commuting to the Boston Lying-in, or whether new and different plans can be made at another hospital with an obstetrical service large enough to accommodate our students.

Over one hundred nurses representing all units of the Nursing Service and the School took advantage of our course scholarship plan each semester. With the on-going in-service education programs planned to meet special work needs, the in-hospital and university courses combine to offer unique and essential opportunities for continuing education.

Attractive furnishings added in many parts of the Hospital, some remodeled patient care areas, and a better supply of critically needed equipment have given all personal satisfaction and assistance in the improvement of patient care and teaching.

RUTH SLEEPER, R.N.
Director of the School of Nursing
and Nursing Service

Report of the Social Service Department

FOLLOWING Miss Josephine Barbour's retirement in December, 1964, the task of directing the Social Service Department has proved a challenging and exciting one. As a result of the enactment of far-reaching Federal legislation, it has been a year of transition for everyone in the health professions, our Department among them. Patterns in the provision of patient care are shifting. The Social Service Department has had a year of preparation for these changes. Were it not for Miss Barbour's sound, thoughtful leadership over the past thirty years, the Department would not have the stability to embark on the innovations necessary to meet today's rapidly expanding and changing scene.

The recent Federal legislation opens the door to greatly improved care of patients. Preparation for taking advantage of the opportunity offered in the law for increased and improved service to our patients has required innovations.

The fundamental philosophy of the Social Security insurance program is that all persons should receive equally good comprehensive and continuous medical care. Comprehensive and continuous care assumes that each patient's social and emotional functioning is understood, treated and planned for as the medical care proceeds. To do more than give lip service to this concept is a challenge. To provide services based on the understanding of the interwoven strands of the complex factors which influence our patients' attitudes toward their treatment is a formidable task. The Social Service Department last year assisted more than 8,000 patients. It seems safe to predict that the number requiring this kind of help will increase when the health insurance bill becomes effective in July, 1966. One clearly predictable problem will be to provide personnel who can offer these services.

In anticipation of this, the Social Service Department initiated a training program for college graduates who are interested in working in hospitals as social work assistants. Under the direction of Miss Grace Nicholls, a summer course was offered to bright, well-motivated young persons. More than fifty graduates of the New England colleges and universities applied. A total of sixteen were selected. They participated in the summer courses and are now employed by the Massachusetts General Hospital, Massachusetts Eye and Ear Infirmary, and the Children's Hospital. These young people work with social workers who have a Master's Degree in social work. Our goal is to expand service to patients by making use of the person with lesser training in those aspects of the job which she can accomplish with the help of supervision. It was possible to undertake this program as a result of a grant received from the Committee of the Permanent Charity Fund, Incorporated. We have been granted $9,000 a year for three years to experiment with this training. Though it is premature to report a formal evaluation of this program, we have been pleased with the results thus far.

In March, 1965, our Administration authorized and funded a new endeavor—The Transfer Office. For many years several departments of the Hospital have been concerned about the care our patients receive when they are discharged from the Hospital and transferred to nursing homes and chronic hospitals. The essential objective of The Transfer Office is to match the patients' needs for care with the community facility's capacity to provide them. In addition we hope to demonstrate that closer cooperation between a teaching general hospital and nursing homes will provide a higher level of care for patients. Though under the direction of Social Service this office represents an integrated effort by several departments and is staffed by doctors, nurses and social workers. The initial staff included Mrs. Suzanne Deutsch, Social Service Supervisor; Miss Joanne O'Brien, Nursing Supervisor; and Miss Geraldine Lagammo, Executive Secretary. We are also greatly indebted to Dr. Edward L. Young, Chairman of the Social Service Advisory Committee, for his "volunteer" help in visiting and working with the nursing homes during the first several months of this work. We are also grateful to Miss Mary Quinlan, an Assistant Director of Nursing Service, for her interest and help in recruiting, supervising and planning.

To date this group has visited 107 nursing homes to evaluate their capacity to care for the more than 300 patients per month discharged from the Massachusetts General Hospital to nursing homes and chronic hospitals. We also surveyed the patients being referred and confirmed our clinical impression that on the whole they are elderly, financially dependent, and quite ill patients who require extensive nursing care.

We applied to the United States Public Health Service, Bureau of State Services, for a Community Health Service Grant in order to further this work. We were granted $190,800 effective October 15, 1965 to be expanded over a three-year period. At this time the staff of the Transfer Office will be increased and "An Experiment in Continuity of Patient Care Through Collaboration with Selected Nursing Home Facilities" will begin.

ONE DEPARTMENT—HOSPITAL SOCIAL SERVICE: One of the major contributions made by Miss Barbour was the integration into one department of all social workers in the Hospital. Unlike many institutions where medical, phychiatric and research social workers function quite independently of each other, this Department has long been one administrative unit. This has many assets, the most important being the improved continuity of care for patients. Various developments are under way in the Department to implement and extend this administrative philosophy still further. For example units are being organized regardless of the "specialty" of the caseworker with a view to providing the most efficient care possible to patients. The Bulfinch wards, medical and psychiatric, offer one example of this kind of organization. In addition to being organizationally sound, it also provides a cross-fertilization as workers with somewhat different knowledge and experience contribute ideas to each other. Supervisors are responsible for the casework functioning of their supervisees regardless of whether the patient originates in medical or psychiatric wards or clinics. Students are being given an integrated experience cutting across unit boundaries. Teaching sessions are similarly organized. It is our belief that the needs of patients are best served through a generic casework point of view and we will further this concept in several ways over the next few years.

Our Department is one of the fortunate few social service departments of the country in regard to staffing. We are fully staffed though we have had considerable turnover. Our greatest loss was in administration with the retirement of both Miss Barbour and Miss Isabel Whiting. In addition Miss Ruth Sittler left the Hospital to become Director of Social Service at Boston Lying-In Hospital.

Miss Grace Nicholls was appointed Associate Director of Social Service and has assumed responsibility for teaching and casework consultation for the Department. Miss Nicholls brings to this position an unusual degree of sophisticated knowledge of social work. In addition to fifteen years of supervisory responsibility here she has taught casework at Smith College School of Social Work and so is well qualified for this position with us. We are also pleased that Mrs. Alice Rogers joined our staff as Supervisor in the Medical Clinics for she, too, is a very well qualified person to assume this crucial responsibility in our Department. All of the supervisors are delighted with the new staff recruited this year. Two-thirds of the beginning workers were from the group of students with us last year and are able young people, eager to learn more about the helping process.

In part our capacity to hire such well qualified young people has been the result of the Hospital's implementation of increased salaries and improved fringe benefits. Needless to say, this has been a great help and will be evident in an improved quality of patient care.

The staff continue to be involved in several interesting special projects and in education. In fact 23% of our budget now comes from special funds for these purposes. We are reimbursed to a significant degree for the education of graduate students. The Boston schools of social work provide one full-time supervisor of students and in addition $9,100 is contributed annually by schools and Federal grants to pay parts of other supervisory salaries.

Our work is partly reflected in the amount expended in direct help to individual patients. A total of $70,851.07 was spent. The largest items were for: transportation, $22,554.97; apparatus and equipment, $13,568.22; camp and tuition, $14,595.65; nursing home care and homemakers, $9,881.83. The capacity to provide for these and other emergency financial needs of our patients has helped a great many people through the stresses of hospitalization and illness. The major part of these funds we derived from the Edward V. Bird Fund. An additional $14,617 has come through the generosity of the Ladies' Visiting Committee of the Hospital, the Boston Safe Deposit and Trust Company, the Frederick E. Weber Charities, Inc., the Charles E. Merrill Foundation, the John Clarke Fund, Lend-a-Hand Society, Rogerson House, Abou Ben Adhem Temple No. 143—Dramatic Order Knights of Khorassan, Sarah Devens Fund, and the United Community Services.

The effort of the past year has been to expand and diversify our services without sacrifice of the sound structure and philosophy which has shaped the Department throughout its history. I am gratified that our initial efforts in this direction have been successful, thanks in no small measure to the devotion, skill and flexibility of the staff and their willingness to try out new paths if they seemed to lead toward better care of patients. The years ahead promise to be equally challenging and we approach them with confidence and zest.

ELEANOR CLARK
Chief of Social Service

Report of the Dietary Department

THIS has been a year of simultaneous change, growth and progress. A 60% turnover in staff made it difficult to keep pace with the acceleration in service tempo, but the philosophy of change served as a stimulus for continual progress in every unit of our Department.

Revisions in our physical plant have contributed to our efficiency. The ground floor of Temporary Building 1 houses the Central Dietary Offices and the Food Store. We are fortunate to have an opportunity to work with this arrangement before making a final decision about the permanent layout in the Surgical and Special Services Building. A $17,000 inventory supported the distribution of $956,690 of foods during the past fiscal year.

Minor construction changes in the Baker Kitchen were necessary to accommodate Baker 12, and a new two-section stainless steel broiler was installed to afford more efficient production for the increase in patient count.

It was necessary to make several structural changes in the basement of the White Building. Walls separating the General and the Checkerboard Cafeterias were removed to permit three lines in that combined unit, thus resolving some of the traffic problems anticipated during the construction of the new building. A battery of broilers, fryers, and grills, and the purchase of a Hobart high speed cutter afford opportunity to prepare additional items for the patient's menu and permit us to serve identical menus on each cafeteria line.

To afford additional space in the White Diet Kitchen, the room across the hall was redesigned to allow desk space for the Staff, Food Supervisors and Diet Aides.

New dishmachines were installed in Vincent-Burnham and coffee makers were added on the adult floors. Telephones in each pantry facilitated communication and made it possible to cover a heavier patient census with no increase in personnel.

The Nutrition Clinic moved to the second floor in the Clinics Building in the space adjacent to the Medical Clinic. The new arrangement incorporates four teaching areas without the conventional cubicles.

Bulfinch has been the site of restoration and renovation. This year the pantries on the West Wing have been redesigned to include new refrigerators, electric stoves and coffee makers.

The fine old oriental rugs at the Herrick House, worn to the fiber by almost twenty-five years of use by Dietetic Interns, have been replaced. The elegant stereo and TV (gift of the Alumnae) provide distinctive decoration to the house and countless hours of pleasure for its residents.

Modified diet counts and instruction for home use continue to reflect the ever increasing complexity and volume of patient care. Statistics indicate optimum census in each unit with one interesting trend in diet prescription—on the surgical service we note a 47% increase in the number of orders placed for tube feeding.

Twenty-four graduate students completed their Dietetic Internship in 1965 and became members of the American Dietetic Association.

Representative attendance at state and national professional meetings has widened the scope of our interest and participation within the Hospital and in the surrounding community. We continue to coordinate our knowledge and effort in an endeavor to anticipate change and meet the challenges which give new direction to our professional progress.

LOUISE HATCH
Director. Dietary Department
and School of Dietetics

Report of the Volunteer Department

ONE of the most important events of the year was to welcome Miss Allison Parker to the newly created position of Assistant Director. Miss Parker, a native of Swampscott, Massachusetts, comes to us after six years of teaching in the public schools. Her previous activities include hospital work and volunteer service as well as leadership work with church youth groups.

To keep pace with the expansion of our Department we were given additional working space. Now all the volunteer uniforms and storage closets are centrally located in what was formerly the volunteer office. The need for a men's lounge and coat room has also been realized and occupies part of this area.

We attained one of the goals mentioned in last year's annual report. On May 11, twelve men ranging in age from 16 to 74 attended a meeting and established a men's volunteer group. They decided to meet three times a year—in February, May, and November. The results of their efforts have already been felt, and we anticipate great expansion here over the years. At the recommendation of the Advisory Committee to the Volunteer Department, the Trustees appointed Mr. Charles Heard and Mr. H. Franklin Smith, Jr., to represent the men's group at the Advisory Committee meetings.

During the year, to increase the effectiveness of our service, we re-checked the existing volunteer areas and initiated new projects. Also, many special requests were received and filled. For example, volunteers were invited to participate in the survey for smallpox vaccination and tetanus immunization conducted at the MGH for staff and personnel by Dr. Victor W. Sidel, Director of the Preventive Medicine Unit and in cooperation with the United States Public Health Service and the American Hospital Association. Twenty-five volunteers helped in the preliminary plans, in collating and distributing material, and in assisting with other secretarial duties vital to the program.

Two new areas of service opened in the Clinics; first, the

Clinics Admitting Information and Hospitality Service (an interdepartmental volunteer service shared by the Massachusetts Eye and Ear Infirmary and the MGH Volunteer Department); second, the Acute Psychiatric Clinic Service (where volunteers assist the staff with clerical duties and by visiting with the patient while he is waiting to be seen).

Upon the completion of a pilot study for day and evening volunteer service in the Emergency Ward, we developed yet another service. The role of the volunteer in this area is to represent and act as the "unhurried member" of the E. W. staff; to aid, comfort, and communicate with people waiting for the patient. Thirty volunteers assist in this area from 9:30 A.M. to 9:30 P.M., Monday through Friday.

Evening service has been extended through Friday for Patient Care and Pediatric Recreation Service, along with the Blood Bank on Thursday evening. The Coffee Shop now remains open until 8:30 P.M., Monday through Friday and three volunteers are assigned there each evening.

A glance at our summer statistics discloses the following:

(mid-June through mid-September)

	1963	*1964*	*1965*
Orientation meetings	4	7	7
Volunteers registered	79	129	123
Teen-agers (16-19)	51	95	79
Male volunteers	12	26	16
School teachers	5	3	12
College students	22	28	24
Teen-agers returned for 2nd summer	6	7	11
Received 100-hour service pin	21	36	23
Gave over 100 hours	22	29	19
Total number of hours	4,874	8,727	6,759

It is the Department's sad duty to record the deaths of four volunteers: Miss Elma Curry, who faithfully served in the Central Supply room preparing surgical dressings for eight years, with a total contribution of 2,109 hours; Mrs. Francis M. Rackemann, a dedicated worker in the Blood Bank for eighteen continuous years and whose contribution numbered 11,985 hours; Mr. Frederick T. Thornton, a loyal Blood Bank volunteer these past six years and who served 1,092 hours; and Mrs. Harold K. Veazie, whose devotion to service compiled a record of over 5,299 hours during the past twenty-one years. All will be greatly missed.

The 1965 Jessie Harding Award for outstanding volunteer service was presented to Miss Ruth E. Clark at the annual Volunteer Recognition Tea. Miss Clark contributed 10,700 hours over the past thirteen years, working in the Clinics, the General Store, and the Admitting Area on White 12. With her constant devotion to and enthusiasm for her service, she has earned the respect and gratitude of patients and staff.

All year the leaders of the various MGH volunteer groups have been enthusiastically welcoming an unusual number of leaders of volunteer services from foreign countries who have shown considerable interest in our methods and programs. Distinguished visitors have included: Sister Fabian, St. Vincent Hospital, E. Melbourne, Victoria, Australia; Mrs. Sarojini Vasadappan. member of the Central Social Welfare Board, Madras, S. India; Mrs. H. Richardson Malkin, President, British Columbia Heart Foundation and Director, Canadian Heart Foundation, West Vancouver, B.C., Canada; Miss Beryl Cartwright, St. Thomas Hospital, London, England; and Margaret L. Bruijne, University Hospital, Gronningen, Holland.

In the fall, attention was focused for the fifth consecutive year on our leadership training course for Directors of Hospital Volunteers. A first for the Department occurred with the enrollment of two students from a foreign country—namely, Mrs. Consuelo Rueda de Vollmer, President, Colombian National Association of Hospital Volunteers from Bogota, Colombia, South America, and Miss Leonor Saenz, President of the State Board of Volunteers and Volunteer at Children's Hospital, Bogota, Colombia.

Other students who attended the course and received certificates at its completion were: Mrs. Susan S. Manello, newly appointed Director of Volunteer Services, establishing a volunteer program at the Robert B. Brigham Hospital, Boston; Mrs. Constance McGee, a Red Cross and Hospital Volunteer of Natick; and Miss Allison Parker, newly appointed Assistant Director of the MGH Volunteer Department. Understanding the complexities of hospital organization and management, the place of the Volunteer Department in the total hospital structure, and the techniques of directing volunteer services constitute the heart of this training program.

The MGH Alumni of the training course for Directors of Hospital Volunteer Services held its first meeting on Tuesday, March 30, at the Statler Hilton Hotel in Boston, during the New England Hospital Assembly. All members living in New England attended this memorable event. A telegram was received from Pearl Fisher, R.N., President of the New England Hospital Assembly, which stated, "The N.E.H.A. extends its best wishes to your organization for fruitful and profitable sessions and recognizes your great contribution to patient welfare."

Our staff at all levels is giving its utmost. The accomplishments of the year should not have been achieved without the unselfish interest and full cooperation of the Administration, the Staff, and the Advisory Committee. I wish to express to all of them my deep appreciation.

MARY RUTH WOLF
Director
Volunteer Department

Report of the Treadwell Library

AS part of the redecorating which has been taking place throughout the Hospital, some improvements were made in the Treadwell Library in January, 1965. A light grey vinyl tile floor was laid in the main reading room, the Cabot Memorial Room, and the work areas; white window shades replaced the old dark green ones; and the card catalog and journal racks were moved to a more convenient location after the removal of the large table that was formerly used to shelve the *Index Medicus*. Further redecorating is in the planning stage.

At the meeting for the organizing of the Association of Medical Librarians (now, Medical Library Association, Inc.) held in the editorial offices of the *Philadelphia Medical Journal* in Philadelphia, Pa., on May 2, 1898, Dr. George M. Gould, Editor of that journal, spoke to the small group of librarians who had responded to the "call" to the meeting concerning *The work of an Association of Medical Librarians.*(1) The first of the objectives of such an association, he said, should be "the systematization and practical carrying out of a method to effect the exchange of duplicate books whereby such volumes not needed by one library may by exchange or purchase find their way to the library heretofore without them. To the committee undertaking this work I can perhaps give some hints of practical value. Every library has or will have large numbers of such duplicates, and it only needs a little intelligence and zeal to systematize a most useful machinery of exchange".(1) Thus was launched the exchange program in which Institutional members of the Medical Library Association, Inc., may participate. In the succeeding sixty-seven years the items exchanged have grown from a very few to over 200,000 a year. During these years the Treadwell Library has been an active member of the exchange program, having submitted duplicate and want lists as early as 1899 and as recently as August, 1965. During 1965 thirty-eight bound and 1,148 unbound journals were sent to some 278 medical libraries throughout the world. This is an activity from which the staff of the Library derives a great deal of satisfaction since the duplicates which are of no use to it are sent to libraries that have need of them. Also, the Library has been able to complete volumes of its journals by requesting and receiving items from other libraries. In addition to the Institutional membership dues, the Library refunds the postage required to mail any items received. In this manner it has been possible to complete files of periodicals at very little cost, monetarily, although the time consumed in carrying out this program is considerable. The Library, also, participates in the United States Book Exchange. There is a small membership fee and it is necessary to pay a small amount for each item received. However, it has been possible to purchase some rare items at very little cost. Also, any periodicals not requested by libraries in the Medical Library Association program are sent to the United States Book Exchange, so that it is possible to keep the number of duplicates held to a minimum. Information about these two exchange programs has been included in this report so that those members of the Staff who have generously contributed journals to the Treadwell Library might know that copies not required to complete our own collections, eventually, find their way to some library in need of them.

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(1) *Medical libraries 1*(4): 15-19, May 1898

Meetings attended by the Librarian included the New England Regional Group of the Medical Library Association at the Yale Medical Library, New Haven, Conn., October 23-24, 1964, where she presented a paper entitled, "Use of books and journals in a hospital medical library"; the dedication of the Francis A. Countway Library of Medicine at Harvard University School of Medicine, May 26-27, 1965; Medical Library Association, Inc., May 30-June 3, 1965; and Special Libraries Association, June 6-10, 1965 in Philadelphia, Pa.

The Boston Medical Librarians Council and the committee planning the Medical Library Association's annual meeting in Boston, June 6-10, 1966, has met many times during the year. Miss Cole is chairman of the Publicity Committee for this meeting.

Visitors to the Treadwell Library during the year included Comdt. General Maneckji, Bombay, India; Prof. Harold Kirker, Cambridge, Mass., Dr. R. King, University of Illinois, Chicago, Ill.; Dr. D. Shephard, Montreal Neurological Institute, Montreal, Canada; Dr. Thomas A. Devan, St. Petersburg, Fla.

Libraries visited by the Librarian during the year included Yale Medical Library; the Beniecke Rare Book Library at Yale University; Medical Library Center of New York; the Pennsylvania General Hospital, oldest hospital medical library in the United States; the German Society of Philadelphia; and the Francis A. Countway Library of Medicine at Harvard Medical School.

Miss H. Bernice Sweeney has continued to spend a half day each week working on the Staff Publications and during the year the seven volumes of reprints for the year 1954 were bound and cards for the author index to them were typed and filed. Mrs. Hiram N. Crowell has, also, continued to do volunteer work for one day each week.

After the resignation of Miss Sara Jane Nutter as senior office assistant, Miss Joanne Harris and, subsequently, Mrs. Helen Compton Nemer filled this position. Full time clerical help has been provided by Mrs. Nemer, Miss Edna Tuckerman, Mrs. Madge D. Cassis and Miss Hannah Peters. Part time clerical help included Richard G. Burton, Vincent B. Talbot, the Misses Anne Balfour, Tehrie Holden, and Kay Reinhardt.

To the Treadwell Library Committee members go my special thanks for their help throughout the year.

The many gifts of books and journals are greatly appreciated. A list of the donors is kept on file in the Library.

The statistics which follow show that there has, once more, been an increase in the size of the collection, the number of pages photocopied in the Library, the number of publications loaned and the number of people using the Library. There have been significant decreases in the number of interlibrary loans we have received and the number of interlibrary loans which we have made. A new item has been included in the statistics—namely, the number of items withdrawn from the library. We are undertaking to make an accurate inventory of bound volumes owned by the Library and to withdraw any volumes which we feel are either out of date or not used enough to warrant their taking up shelf space, provided they are available elsewhere in the Boston area.

	1964	*1965*
Number of periodical volumes	16,451	17,200
Number of other volumes	10,732	11,060
Number of publications withdrawn		168
Total volumes in the Library	27,183	28,092
Number of pamphlets (approximate)	2,600	2,000
Number of photocopies received from the National Library of Medicine	193	172
Number of pages photocopied in Treadwell	74,516	81,295
Number of items given away to individuals or medical libraries (approximate)	3,738	1,200
Number of periodicals currently received	604*	638**
Number of volumes loaned (books and duplicate bound periodicals)	3,724	4,005
Number of unbound periodicals loaned	1,105	1,401
Total loans	4,829	5,406
Number of items borrowed from other libraries	1,493***	1,310***
Number of items loaned to other libraries	213***	165***
Number of persons using the library during the day	30,418	31,108
Number of persons using the library during the evening	5,918	5,978
Total number using the library	36,336	37,086

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* Includes 437 purchased, 104 gifts, and 63 annuals (Error in report for 1964)
** Includes 460 purchased, 103 gifts, and 75 annuals
***Includes Xerox copies sent in lieu of original publications

GENEVIEVE COLE, *Librarian*
Treadwell Library

Dalton Scholarships

THE income of this fund, amounting to $1,000 annually, is devoted to investigation in the science of medicine. The rules of the Trustees applicable to it are as follows:

ARTICLE 1. Candidates shall be nominated to the Board of Trustees by the General Executive Committee with their recommendations. They shall be either interns of the General Hospital or graduates of a regular American medical college.

ARTICLE 2. The nature of the work in medical investigation proposed to be prosecuted by each candidate shall be designated by the candidate.

ARTICLE 3. The dates of beginning and ending scholarships, the amounts of the stipends and the conditions of work shall in each case be recommended by the General Executive Committee to the Board of Trustees.

ARTICLE 4. The results of work of scholars shall appertain to the Hospital, and when made public the name of the scholar shall accompany the publication, but no publication shall be made unless approved by the General Executive Committee.

ARTICLE 5. When the income is insufficient, appointments for the year may be omitted.

ARTICLE 6. Any income not used shall be cumulative and not added to the principal.

ARTICLE 7. Scholars shall be eligible for renomination and reappointment.

Further information may be had by applying to the General Director of the Massachusetts General Hospital.

Warren Triennial Prize

THE Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation considered worthy of a premium on some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

In 1968 the prize will be awarded in the form of a lectureship at the Massachusetts General Hospital. The Warren Prize Lecturer, selected for outstanding work in medical science, will be nominated to the Trustees by the General Executive Committee.

The submission of special theses or essays will no longer be required for this competitive prize.

JOHN H. KNOWLES, M.D.
General Director

Statistical and Comparative Tables

Statistical and Comparative Tables

TOTAL EXPENSES

	Service	Out-Patient Department	Private	Semi-Private	Miscellaneous	Total
1956........	4,261,912.	1,158,356.	1,203,094.	2,770,015.	3,690,189.	13,083,566.
1957......	4,476,986.	1,334,795.	1,304,260.	2,934,279.	4,518,960.	14,569,280.
1958........	5,375,433.	1,483,044.	1,523,384.	3,406,112.	2,378,576.*	14,166,549.
1959........	5,575,972.	1,605,612.	1,666,735.	3,714,185.	2,794,412.*	15,356,916.
1960........	6,052,617.	1,739,500.	1,770,265.	4,155,916.	3,501,466.*	17,219,764.
1961........	5,968,122.	1,701,771.	2,004,181.	4,301,078.	4,247,635.*	18,222,787.
1962........	7,076,629.	1,889,216.	2,184,933.	4,822,094.	4,781,332.*	20,754,204.
1963........	7,872,987.	2,068,936.	2,366,081.	5,185,708.	5,394,943.*	22,888,655.
1964**....	8,333,040.	2,185,695.	2,199,693.	6,414,292.	5,804,430.*	24,937,150.
1965........	9,197,678.	2,228,328.	3,256,218.	6,725,994.	6,375,727.	27,783,945.

TOTAL NET EARNINGS

1956........	2,900,094.	659,737.	1,434,467.	2,966,123.	1,762,277.	9,722,698.
1957......	2,927,985.	792,358.	1,523,634.	3,423,917.	2,155,307.	10,823,201.
1958........	3,570,656.	864,742.	1,790,032.	3,897,908.	2,401,304.	12,524,642.
1959........	3,837,852.	856,443.	1,976,648.	4,508,186.	2,660,813.	13,839,942.
1960........	4,023,076.	954,376.	2,312,042.	5,012,325.	2,971,008.	15,272,827.
1961........	4,660,384.	1,032,484.	2,725,019.	5,204,960.	3,385,425.	17,008,272.
1962........	5,627,922.	1,129,728.	2,870,807.	5,677,968.	3,861,606.	19,168,031.
1963........	6,104,147.	1,263,055.	3,165,594.	6,392,908.	4,381,790.	21,307,494.
1964**....	6,362,765.	1,181,489.	2,775,466.	7,524,485.	5,265,908.	23,110,113.
1965........	6,842,522.	1,597,122.	3,804,890.	8,419,026.	5,328,794.	25,992,354.

* Research Funds excluded.

**36 Beds Transferred from Private to Semi-Private.

COMBINED CLINICS

	New Cases	Total Number of Visits	Daily Average	Total Number Prescriptions Filled
1956..................	13,079	186,517	618—	127,885
1957..................	13,173	211,205*	699+	129,179
1958..................	12,283	216,216*	716—	129,622
1959..................	12,491	225,256*	746	133,103
1960..................	12,442	225,456*	732	139,472
1961..................	11,996	206,395*	683	136,676
1962..................	12,336	204,583*	674	151,915
1963..................	11,736	201,415*	665	151,734
1964..................	11,762	205,991*	682	141,872
1965..................	13,498	210,304*	696	157,252

	Cost of Combined O. P. D.	Aver. Cost per Visit in Comb. Depts.	Total Net Receipts	Aver. Net Receipts	M. G. H. Share of Cost	MGH Share of Net Receipts
1956....	1,243,689	6.67	673,815	3.61	1,022,144	525,917
1957....	1,420,258	6.72	806,433	3.82	1,191,370	651,397
1958....	1,565,229	7.24	868,250	4.02	1,327,536	710,984
1959....	1,704,172	7.57	917,333	4.07	1,454,023	707,470
1960....	1,868,276	8.29	1,042,143	4.62	1,592,537	809,164
1961....	1,836,817	8.90	1,115,399	5.40	1,543,860	878,732
1962....	2,108,132	10.30	1,265,340	6.18	1,753,524	975,063
1963....	2,275,392	11.30	1,433,034	7.11	1,912,033	1,108,820
1964....	2,419,666	11.75	1,504,526	7.30	2,037,013	1,181,489
1965....	2,525,339	12.01	1,929,031	9.17	2,062,474	1,597,122

EMERGENCY WARD

	No. of Patients Treated	Routine Cost	Ancillary Cost	Total Cost	Total Net Receipts
1962....	42,792	358,931	153,075	512,006	261,003
1963....	47,191	415,352	171,567	586,919	303,040
1964....	53,017	451,981	215,045	667,026	362,896
1965....	56,073	583,036	230,711	813,747	386,462

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*Includes Staff and Other — See page 151.

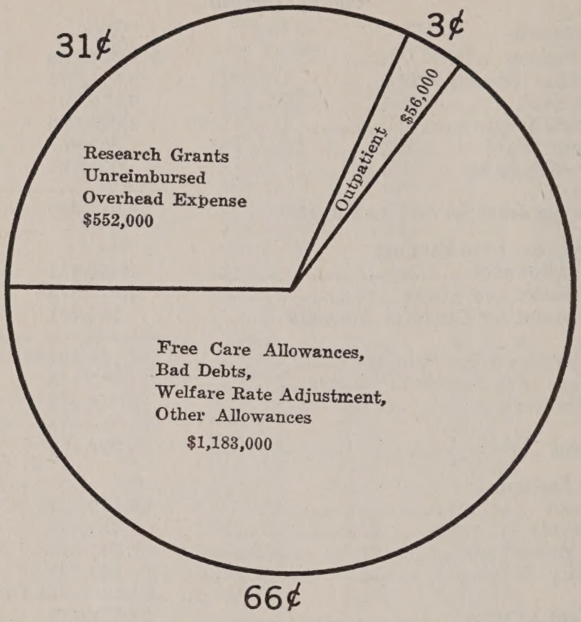
MASSACHUSETTS GENERAL HOSPITAL

INCOME AND EXPENSE STATEMENT

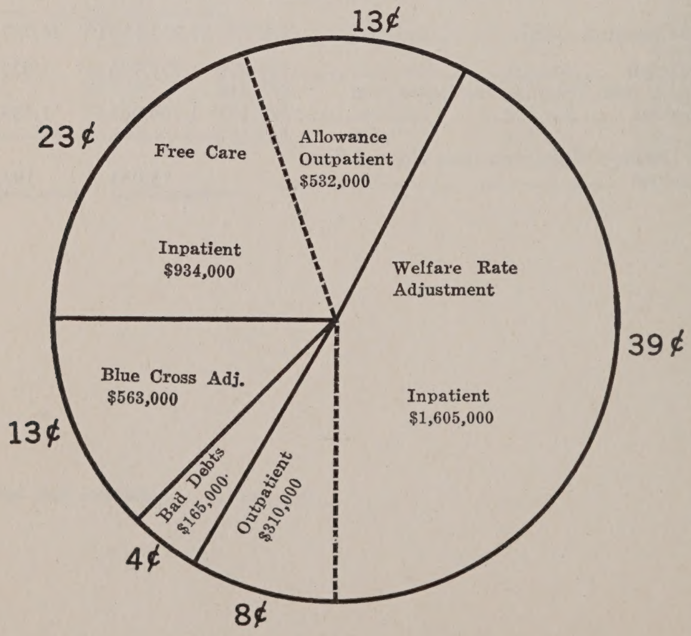
GENERAL FUND

Operating Income	*1965*	*1964*
Private Patients	$ 3,966,486	$ 2,877,730
Semi-Private Patients	8,895,841	8,370,114
Ward Patients	9,379,703	8,935,163
Out-Patient Department	2,088,898	1,669,092
Emergency Ward	605,964	534,975
Private Ambulatory	926,787	866,119
Total Earnings from Services to Patients	25,863,409	23,253,193
Less: Deductions from Earnings		
Charity Allowance	1,466,431	1,711,693
Other Rebates and Losses	2,477,579	2,513,530
Net Provision for Doubtful Accounts	165,491	104,756
Total Deductions from Earnings	4,109,501	4,329,979
Net Earnings from Service to Patients	21,753,908	18,923,214
Other Income	4,238,446	4,186,899
Total Income	25,992,354	23,110,113
Operating Expenses		
In Patients	19,179,891	16,947,025
Out Patients	2,062,474	2,037,013
Private Ambulatory	775,821	689,088
Emergency Ward	813,747	667,026
Total Patient Expense	22,831,933	20,340,152
Add: Other Expenses (Including Indirect Cost of Research)	4,940,417	4,596,998
Total Expenses	27,772,350 ✓	24,937,150
Net Deficit	1,779,996	1,827,037
Available from Treasurer for Expenses at Hospital	1,704,963	1,633,385
Final Deficit—Withdrawn from General Fund Principal	75,033	193,652

THE OPERATING LOSS DOLLAR
$1,791,000



FREE CARE AND WELFARE ADJUSTMENT DOLLAR
$4,109,000



MASSACHUSETTS GENERAL HOSPITAL

STATEMENT OF FUND EXPENDITURES

	Oct. 1, 1964-Sept. 30, 1965		*Oct. 1, 1963-Sept. 30, 1964*	
Research Fund Expenditures				
Contract				
Salaries and Wages	$ 168,078.90		$ 145,441.51	
Supplies and Expenses	224,966.20	$ 393,045.10	240,579.05	$ 386,020.56
Gifts and Grants				
Salaries and Wages	4,471,076.30		3,592,225.74	
Supplies and Expenses	4,025,098.36		3,426,003.51	
	8,496,174.66	8,496,174.66	7,018,229.25	7,018,229.25
Miscellaneous Income	(42,742.76)		39,143.48	
Net Expenses	$8,538,917.42		$6,979,085.77	
Other Fund Expenditures				
Contract				
Salaries and Wages	$ 389,192.30		$ 329,594.90	
Supplies and Expenses	649,093.17	1,038,285.47	597,420.15	927,015.05
Other Special Purpose Funds				
Salaries and Wages	412,681.65		279,121.64	
Supplies and Expenses	636,953.74		477,922.27	
	1,049,635.39	1,049,635.39	757,043,91	757,043.91
Miscellaneous Income	641,639.01		489,637.94	
Net Expenses	$ 407,996.38		$ 267,405.97	
MGH Surgical Associates				
Salaries and Wages	$ 924,674.85		$ 836,371.93	
Supplies and Expenses	323,834.32		297,294.83	
	$1,248,509.17	1,248,509.17	$1,133,666.76	1,133,666.76
Total Fund Expenditures		$12,225,649.79		$10,221,975.53

MASSACHUSETTS GENERAL HOSPITAL

STATEMENT OF STOCK ON HAND SEPTEMBER 30, 1965 AND SEPTEMBER 30, 1964

	Sept. 30 1965	*Sept. 30 1964*
General Hospital Apothecary Out-patient Department Apothecary	$ 537,484.86	$296,737.87
General Hospital Upper Store	205,427.82	190,753.54
General Hospital Lower Store	17,685.89	12,756.87
General Hospital Maintenance	76,579.04	78,309.49
General Hospital Postage	1,106.15	1,627.95
General Hospital Print Shop	2,433.25	5,405.77
Other	173,378.56	395,304.13
Total Stock on Hand	$1,014,095.57	$980,859.62

SERVICE IN-PATIENT STATISTICS
For the Years 1955-1965

								Deaths		
	No. Patients Admitted	Average No. of Patients Per Day	No. of Beds Available	Percentage of Beds Occupied	Patient Days	Average Stay in Hospital	Number of Operations	Total Number	% of Admissions	Autopsies
1956	11,083	387	436	91.8	141,231	13—	7,225	671	6.04	66%
1957	11,734	367	454	83.1	133,521	12—	7,745	778	6.63	67%
1958	11,890	388	454	86.9	141,371	12—	6,991	866	7.28	64%
1959	11,954	390	454	86	142,097	12—	7,098	784	6.56	67%
1960	11,547	361	459	78.7	134,047	11+	7,015	843	7.30	63%
1961	11,607	381	459	83	138,687	12—	7,613	784	6.75	68%
1962	13,598	408	465	78	148,424	11—	7,667	934	6.87	66%
1963	14,461	413	501	82	150,650	10+	8,353	982	6.79	62%
1964	13,850	408	508	80	149,458	11—	8,546	874	6.31	62%
1965	12,502	405	510	79	147,835	12—	8,601	861	6.89	62%

Total number of patients admitted to General Hospital from the year 1821 — 639,281.

Private pediatric patients included in service category since 1962.

SEMI-PRIVATE IN-PATIENT STATISTICS
For the Years 1955-1965

1956	8,651	281	334	82.3	102,484	12—	4,887	221	2.55	69%
1957	9,086	282	338	80.4	102,738	11+	4,954	268	2.94	63%
1958	9,296	292	311	91.2	106,450	11+	4,851	279	3.00	68%
1959	10,105	309	339	91.1	112,351	10+	4,215	316	3.13	57%
1960	10,546	321	340	94.4	119,167	11+	5,359	354	3.36	67%
1961	10,689	334	340	98.4	116,932	11+	5,459	369	3.45	69%
1962	9,714	328	330	99	119,486	12+	6,075	384	3.95	71%
1963	9,934	347	336	103	126,525	13—	6,229	404	4.07	77%
1964	10,041	358	338	106	131,094	13—	6,831	393	3.91	75%
1965	11,412	385	339	113	140,456	12+	6,634	438	3.84	64%

Total number of patients admitted to Baker Memorial from the year 1930 — 253,899.

PRIVATE IN-PATIENT STATISTICS
For the Years 1955-1965

1956	2,940	101	103	93.2	36,938	12+	1,251	80	2.75	73%
1957	2,878	101	115	88.5	36,909	12+	1,386	75	2.96	69%
1958	3,053	100	122	77.7	36,396	12+	1,192	93	3.05	83%
1959	3,275	115	134	85.7	41,784	12—	1,366	93	2.84	69%
1960	3,517	110	132	83.6	40,924	12—	1,487	100	2.84	70%
1961	3,803	118	159	74.1	42,429	11+	1,467	115	3.02	73%
1962	4,274	129	170	76	46,996	11—	1,556	122	2.85	70%
1963	4,407	148	162	91	54,047	12+	1,612	121	2.75	65%
1964	4,716	158	168	94	57,692	12+	1,684	153	3.24	66%
1965	4,764	165	168	98	60,332	13—	1,699	146	3.06	70%

Total number of patients admitted to Phillips House from the year 1917 — 129,165.

COMBINED M.G.H AND EYE & EAR CLINICS

	New Patients		Subsequent Visits	
	1965	*1964*	*1965*	*1964*
Admitting Physician	819	684	1,971	1,764
Medicine	463	492	20,554	20,068
Alcohol	481	65	3,668	3,305
Allergy	29	9	4,847	4,971
Anemia	—	—	—	—
Hematology	—	4	697	693
Arthritis	5	2	1,588	1,281
Diabetes	—	3	2,610	2,918
Gastro-Intestinal	3	4	1,245	1,079
Cardiac	25	17	1,650	1,088
Hypertension	—	—	850	812
Nutrition	—	—	3,119	2,190
Ovarian Dysfunction	7	11	93	116
Podiatry	2	6	2,095	1,722
Pulmonary	1	4	510	425
Rheumatic Fever	—	5	—	382
Thyroid	—	—	3,294	3,640
Dermatology	744	570	6,731	6,869
Syphilis	94	78	1,229	1,398
Neurology	176	50	6,068	6,521
Language	5	2	4,523	4,637
Psychiatry	436	279	7,883	8,307
Child Psychiatry	29	7	1,830	2,049
Children's Medicine	1,209	797	7,797	7,089
Adolescent Endocrine	18	26	907	908
Surgery	355	269	12,102	12,643
Amputation Clinic	20	17	252	229
Amputation Rounds	24	38	200	215
Fracture	6	8	4,102	4,234
Hand	12	11	130	186
Plastic Surgery	12	5	702	740
Neurosurgical	13	1	857	172
Vascular Surgery	1	5	704	704
Gynecology	206	176	3,857	3,894
Orthopedic Surgery	289	280	6,671	6,581
Urology	168	171	5,423	5,228
Dentistry	525	400	4,373	3,767
Tumor	165	157	8,050	7,834
Rehabilitation	1	—	248	218
General Hospital Clinics	6,343	4,653	133,430	130,877
General Hospital Totals	6,343	4,653	133,430	130,877
Ear, Nose and Throat	2,971	2,685	18,463	18,369
Eye	4,184	4,424	44,913	44,983
Eye & Ear Infirmary Totals	7,155	7,109	63,376	63,352
Combined Out-Patient Department Totals	13,498	11,762	196,806	194,229

	1965	*1964*
Total Attendance	210,304	205,991

RADIOLOGICAL DEPARTMENT

General Hospital	1965	1964
House Patients Examined	18,570	20,589
Out-Patient Department patients examined	14,429	13,293
Emergency Ward patients examined	1,090	9,170
Staff and Others	3,517	2,648
Total number patients examined	37,606	45,700
X-Ray treatments given (Inc. Baker & Phillips House)	†29,738	*27,721
Number of examinations	48,044	61,787
Total number of examinations and treatments	77,782	89,508
Emergency Ward Unit		
Emergency Ward Patients Examined	17,556	
House Patients Examined	7,761	10,316
Staff and Other	133	
Total Number of Patients Examined	25,450	10,316
Number of Examinations	36,519	14,742
Total Number of Examinations	36,519	14,742
Phillips House		
House patients examined	6,857	6,445
Total number of Examinations	6,857	6,445
Number of examinations	10,607	9,511
Total number of examinations	10,607	9,511
Baker Memorial		
House patients examined	28,679	18,646
Total number patients examined	28,679	18,646
Number of examinations	42,714	41,922
Total number of examinations	42,714	41,922
Entire Hospital (Combined Statistics)		
Total number patients examined	98,592	93,385
Total number patients treated	1,883	1,735
Total number patients examined and treated	100,475	95,120
Total number examinations	137,884	127,962
Total number treatments and observations	29,568	27,542
Total number of radium & isotopes treatments	170	179
Total number examinations, treatments and observations, radium & isotopes	167,622	155,683

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†Includes 170 Radium Isotopes Cases
*Includes 179 Radium Isotopes Cases

PHYSICAL MEDICINE DEPARTMENT

Physical Therapy

Treatments given:	*1965*	*1964*
Out-Patient Department	2,982	2,622
General Hospital (including Eye and Ear Infirmary)	13,804	11,937
Phillips House	2,525	2,645
Baker Memorial	7,509	6,831
Private ambulatory patients	8,717	7,874
Total treatments given	35,537	31,909

STATISTICAL AND COMPARATIVE TABLES

NURSING DEPARTMENT

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965
Average No. of Graduates on General Hospital Staff	194	190	254	249	260	253	257	302	312	336
Average No. of Graduates on School of Nursing Staff	41	44	46	48	49	48	50	50	53	55
Average No. of Graduates on Baker Memorial Staff	58	60	78	75	70	73	81	87	93	89
Average No. of Graduates on Phillips House Staff	58	62	76	83	84	85	86	97	94	100
Average No. of Students	279	267	296	314	237	348	339	340	351	334
Average Total	698	697	827	834	829	807	938	876	903	914
Total No. of Students Admitted	125	186	135	134	148	134	147	164	154	134
Students Dropped and Resigned	12	14	6	15	16	39	28	43	42	28
Average No. of Graduates on General Hospital Staff—*Part time	20	17	18	12	12	13	18	16	14	17
Average No. of Graduates on Baker Memorial Staff—*Part time	10	5	5	7	13	13	14	14	16	15
Average No. of Graduates on Phillips House Staff—*Part time	9	11	5	6	6	8	17	16	18	18
Total *Part time graduates	39	33	28	25	31	34	49	46	48	50

***Part time nurses expressed in equivalent of full time.**

Report of the Treasurer

In accordance with Article 5. of the By-Laws, the Annual Report of the Treasurer for the fiscal year ending September 30, 1965, approved by Patterson, Teele & Dennis, Auditors, is respectfully submitted.

THE MASSACHUSETTS GENERAL HOSPITAL CONDENSED YEAR-END BALANCE SHEET

ASSETS

	Sept. 30, 1965	*Sept. 30, 1964*
Cash	$ 3,520,426.41	$ 4,552,674.43
Time Deposits	1,100,000.00	0
Investments		
Bonds	22,150,726.51	22,584,338.92
Stocks	22,824,772.03	21,227,949.22
Notes and Commercial Paper	1,903,806.08	1,802,549.83
Real Estate	180,470.28	170,820.86
Accounts Receivable — Patients and Others (Less Allowance for Doubtful Accounts)	6,634,392.10	6,339,285.34
Notes Receivable	604,836.64	640,703.18
Inventory of Supplies — At Estimated Cost	1,073,562.53	1,040,324.48
Prepaid Items	66,968.41	73,950.09
Interest in Unsettled Estates, Etc.	10.00	10.00
Plant — Less Depreciation	28,116,763.69	24,970,484.06
Construction in Progress	2,722,714.26	1,945,538.11
TOTAL	$90,899,448.94	$85,348,628.52

LIABILITIES

	Sept. 30, 1965	*Sept. 30, 1964*
Accounts Payable and Accruals	$ 1,671,601.94	$ 1,560,586.74
Pension Reserves	646,533.71	633,997.35
W.C.A. and Repair Reserves	256,273.79	201,358.11
General Fund		
Treasurer's Account	658,959.31	1,306,125.41
Director's Account	6,822,454.27	5,794,184.77
General Hospital Endowment Funds		
Unrestricted as to Income	5,290,144.11	5,280,662.00
Restricted as to Income	18,756,759.82	18,563,523.24
McLean Hospital Funds		
General Fund		
Treasurer's Account	(116,965.43)	22,490.68
Director's Account	553,451.20	628,882.58
Endowment Funds	827,463.37	784,428.96
Building Funds	7,470,962.69	6,435,478.01
Fiduciary Funds	635,617.77	586,469.03
Funds Invested in Plant	28,116,763.69	24,970,484.06
Temporary Funds		
General Hospital	4,281,666.33	5,839,269.96
McLean Hospital	70,865.24	283,136.60
Fiduciary	15,196.01	14,585.23
General Investment Profit and Loss Account	14,941,701.12	12,442,965.79
TOTAL	$90,899,448.94	$85,348,628.52

THE MASSACHUSETTS GENERAL HOSPITAL

GENERAL HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1964-65	*1963-64*
Treasurer's Receipts		
Gifts		
Unrestricted	$ 223,176.00	$ 195,018.00
Annual Free Beds	1,200.00	1,200.00
Restricted	6,792,742.87	9,107,955.59
	$ 7,017,118.87*	$ 9,304,173.59*
Income From Investments		
Unrestricted	$ 441,502.53	$ 398,778.42
Restricted	1,411,367.25	1,346,695.57
	$ 1,852,869.78	$ 1,745,473.99
Other Income		
From Trusts and Agents	$ 13,913.83	$ 13,254.29
Contributions for Connecting Building	11,336.04	11,336.00
Huntington Memorial Hospital	28,559.24	27,404.73
Miscellaneous Receipts	1,567,283.28	1,412,188.22
	$ 1,621,092.39	$ 1,464,183.24
Total	$10,491,081.04	$12,513,830.82
Restricted Income Over Applied	1,557,603.63	60,007.45
	$12,048,684.67	$12,573,838.27
Payments From Income		
Added to Principal	57,590.32	$ 27,913.63
Treasurer's Payments From Funds and Miscellaneous	90,708.73	2,532,381.56
	$ 148,299.05	$ 2,560,295.19
Treasurer's Balance Available for Expenses at Hospital	$11,900,385.62	$10,013,543.08
Hospital Excess of Expenses	11,975,418.19	10,207,195.03
Deficit—Withdrawn from General Fund Principal	$ 75,032.57	$ 193,651.95

* Includes Community Fund Allocation of $222,443.00 for 1964-65, and $195,350.00 for 1963-64.

THE MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

CONDENSED INCOME STATEMENT

(For fiscal year ending September 30)

	1964-65	*1963-64*
TREASURER'S RECEIPTS		
GIFTS		
Unrestricted	$ 1,121.25	$ 0
Restricted	494,635.98	691,571.32
	$495,757.32*	$691,571.32
INCOME FROM INVESTMENTS		
Unrestricted	$ 14,346.72	$ 13,795.42
Restricted	49,419.98	51,859.65
	$ 63,766.70	$ 65,655.07
OTHER INCOME		
From Trusts and Agents	$ 6,675.00	$ 6,175.00
Miscellaneous Receipts	2,148.80	19,631.80
	$ 8,823.80	$ 25,806.80
TOTAL	$568,347.73	$783,033.19
RESTRICTED INCOME OVER APPLIED	212,271.36	54,877.48
	$780,619.09	$837,910.67
PAYMENTS FROM INCOME		
Added to Principal	$ 4,574.49	$ 894.35
Expenses Paid from Funds and Miscellaneous	134.01	0
	$ 4,708.50	$ 894.35
TREASURER'S NET RECEIPTS	$775,910.59	$837,016.32
HOSPITAL EXCESS OF EXPENSES	853,390.83	774,250.83
DEFICIT	$ 77,480.24	$(62,765.49)

* Includes Community Fund Allocation of $12,676.00

GENERAL FUND

FOR ANY HOSPITAL PURPOSE	$658,959.31

GENERAL HOSPITAL FUNDS

	PRINCIPAL
FLORENCE M. AGOOS MEMORIAL FUND For developing and furthering medical research and scientific medical knowledge through research and teaching. Bequest of Solomon Agoos	$10,000.00
THE FULLER ALBRIGHT FELLOWSHIP FUND Income to support a senior Fellowship in the Neurology Service.	24,083.69
PHILIP R. AND ANNE L. ALLEN ENDOWMENT FUND Income for any Hospital Purpose.	80,283.00
THE LARZ ANDERSON FUND For the benefit of the Arthritic Outpatient Department.	78,241.32
ANESTHESIA FUND Income to be used to supply laboratory facilities or such other advantages as the Trustees may determine for the Chief of the Anesthesia Department.	111,919.35
MARTHA B. ANGELL FUND For medical and surgical experimentation on animals to the end of saving human lives.	34,040.82
ARCHIVES, PICTURES AND HISTORICAL RELICS FUND "The income of which shall be used for the continuous and better care of hospital archives, pictures and historical relics pertaining to both the General Hospital and the McLean Hospital."	8,147.25
JOHN ASHTON FUND For diseased and wounded soldiers.	35,538.89
THE JOSEPH C. AUB FUND Income to be spent for Cancer Investigation.	22,450.66
BAKER MEMORIAL FUND For the Baker Memorial. Sundry Bequests.	108,468.61

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
BAKER MEMORIAL ASSISTANCE FUND Income to help pay the hospital expenses of such individual patients of small means as are believed to have incurred hospital expenses greater than they anticipated at the time of entering the Hospital,—but not limited to such cases. Disbursements to be made on recommendation of staff member in charge of patient approved by Committee designated in will. Income may also be used to purchase apparatus suitable for handling fractures and operations.	$ 8,153.70
LILLIAN DOBIE BALBONI MEMORIAL FUND Income for a Free Bed or for any other purpose the Trustees of the Hospital may think best.	38,202.37
THE JOSEPH S. BARR MEMORIAL FUND For Research and Teaching under the direction of the Chief of the Orthopedic Service.	18,433.35
ARTHUR W. BLAKE FUND Income for the study and cure of nervous diseases.	25,000.00
THE EDWARD F. BLAND FUND Income to be used for the furtherance of cardiac research and related activities.	98,048.57
GEORGE WASHINGTON WALES BREWSTER MEMORIAL FUND Income for any Hospital purpose.	6,289.02
ANNIE BOLTON MATTHEWS BRYANT FUND Income for the benefit of people with moderate means for the establishment of free beds if the management believes it advisable, otherwise for general use.	72,093.70
ARTHUR TRACY CABOT FUND Income for support of laboratories.	20,000.00
RICHARD C. CABOT FUND For educational purposes in connection with the work of the Social Service Department.	50,255.02
RICHARD C. CABOT MEDICAL SOCIAL LIBRARY FUND Income "to be used for the purchase of books for the Social Service Library under the direction of Chief of Social Service." Gift of American Association of Hospital Social Workers.	1,010.00
SAMUEL CABOT FUND FOR PATHOLOGICAL INVESTIGATION Income for salary of Surgical Pathologist. Gift of Samuel and Dr. Arthur T. Cabot.	10,000.00
CANCER RESEARCH ENDOWMENT FUND For Research in Cancer.	336,670.74

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE IDA M. CANNON MEMORIAL FUND Income to be spent for Social Service in medical care under the direction of the Advisory Committee to the Social Service Department.	20,551.42
EDWIN F. CAVE TRAVELING FELLOWSHIP FUND Income for post-training travel for residents of the Orthopedic Surgery Service.	46,227.52
MASSACHUSETTS GENERAL HOSPITAL CHAPEL FUND Gifts of "Friends of the Hospital".	6,913.48
MASSACHUSETTS GENERAL HOSPITAL ENDOWMENT FUND FOR THE STUDY OF CHRONIC DISEASES Fund raised by Dr. Walter Bauer, Chief of the Medical Service and James Jackson Professor of Clinical Medicine 1951-64, income to be used for research work on chronic diseases, in the Medical Department.	875,270.28
CLINICAL LABORATORY FUND Income for Clinical Laboratory. Bequest of Mrs. Grace M. Kuhn.	10,000.00
CONNECTING BUILDING FUND Income for Connecting Building.	10,000.00
CONVALESCENT HOSPITAL FUND For the Convalescent Hospital	242,126.10
WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND Income for scholarships and other aid for student nurses in the M.G.H. School of Nursing.	136,665.37
LORETTA JOY CUMMINS FUND For general purposes of the Hospital, but preferably for the Skin Department.	36,452.43
THE CUSHMAN FUND Income for the Social Service of the Hospital. Gift of Mrs. Charles F. Cushman.	5,000.00
MIRIAM F. AND ADELINE F. CUTTER FUND "To be used for women in illness especially the aged who have been accustomed to gentle care."	10,000.00
CAROLINE ENGSTROM DAHL FUND Income to be used for maintenance of the Research Building; principal expendable within the intent of the bequest at the discretion of the Trustees. Bequest of Mr. Richard Engstrom.	101,170.00

GENERAL HOSPITAL FUNDS (Continued)

		PRINCIPAL
JOHN CALL DALTON AND EDWARD BARRY DALTON FUND Income for investigation in the science of medicine.		$35,500.00
CHESTER H. DAVIS FUND Income for "the care, maintenance and medical treatment of crippled and deformed white children between the ages of six months and ten years."		20,000.00
DR. WALTER J. DODD MEMORIAL FUND Income for X-Ray investigation.		32,370.41
THE BESSIE ROCHESTER EDWARDS MEMORIAL FUND Income for the care and treatment of men who have served or are serving in the armed forces of the United States of America. Gifts of		66,164.36
Trustees of The Bessie Rochester Edwards Memorial Foundation	$55,914.20	
Disabled Ex-Servicemen's Exchange, Inc.	10,250.16	
EDWARDS MEMORIAL FUND Until such time as the Trustees of the Hospital shall direct otherwise, the income on $100,000 to be used in such manner as said Trustees may deem proper for medical or surgical research.		406,547.56
JOHN W. ELLIOT FUND Income for investigation in the science of medicine, preferably in the Surgical Department. The income may be used for other purposes in case there is no further demand in this direction.		20,114.22
ISABELLA H. ELLISON FUND Income for the general purposes of the Baker Memorial.		89,753.16
SARAH POTTER EVARTS FUND For psychiatric social work. Gifts of Mrs. Prescott Evarts and Dr. Helen W. Evarts.		1,398.42
THE EYEGLASS FUND For children that are needy and do not come under any other fund. The age to cover children from kindergarten through sixth grade only—preferably for West End children.		2,282.00

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
FRANCES FAY AND ARTHUR KELSEY FAY MEMORIAL FUND .... Income primarily for care and treatment of persons suffering from or threatened with chronic epilepsy in cases requiring special study. Gift and bequest of James H. Fay.	25,000.00
EDITH S. AND FRANCES B. FISHER MEMORIAL FUND .... To be used both as to principal and any income to purchase therapeutic appliances for needy crippled or deformed patients as directed by the Social Service Department.	$ 80,000.00
THE NANCY M. FRASER MEMORIAL FUND Income for scholarships to some deserving students in the School of Nursing.	5,680.00
FREE BED FUNDS .... Income for Free Beds. Sundry Gifts and Bequests.	4,571,990.92
GENERAL SURGERY FUND .... Income to be used for general surgery purposes under the direction of the Chief of General Surgery. Principal expendable in need.	50,996.32
MRS. JOHN CHIPMAN GRAY FUND .... For the purchase of books in foreign languages for the use of patients.	1,000.00
ALLAN W. HAMILTON FUND .... For medical services in the Outpatient Department.	2,027.03
ABIGAIL R. HAZELTINE FUND .... Income unrestricted until the establishment of a cancer or incurable ward, then to the maintenance of same; principal may be applied toward a building for this purpose. Bequest of Miss Harriet S. Hazeltine.	10,000.00
THE WILLIAM HILTON FUND .... "To be invested as a separate fund, and called 'The William Hilton Fund,' the income thereof to be applied for the support of free beds or otherwise, as the trustees shall from time to time deem best, for the poor suffering from disease or injuries."	50,053.58
CHARLES W. HOLTZER FUND .... Income for general research work.	41,666.67
INCOME UNRESTRICTED FUNDS .... Income for any Hospital purpose. Sundry Gifts and Bequests.	4,656,278.05

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
JAMES MARSH JACKSON MEMORIAL FUND Income for occupational work or for general purposes Gift through Trustees of the James Marsh Jackson Memorial Fund.	25,797.20
THE CHESTER MORSE JONES HOUSE STAFF EDUCATIONAL FUND Income only to be spent to increase the educational opportunities for the House Staff through contact with eminent men in the field of medicine either at the Hospital or away.	50,000.00
DANIEL FISKE JONES MEMORIAL FUND Income to extend and improve the education of surgical residents and interns.	19,063.99
THE VARAZTED H. KAZANJIAN FUND For rehabilitation through plastic and reconstructive surgery.	8,000.00
CATHERINE PEIRCE KELLEY FUND Income for support and maintenance of a Free Bed for Women . . . aiding those who are most in need of aid. Bequest of Miss Grace Fletcher Kelley.	44,000.00
THE JOSEPH P. KENNEDY, JR. LABORATORIES FUND To bring to the Laboratories the best possible Research men with an interest in mental retardation.	500,000.00
MARGERY AMORY KETCHUM MEMORIAL FUND Income only to be spent on Cancer Research u/d of Dr. Joseph C. Aub so long as he is actively connected with the Hospital; thereafter for cancer research at the discretion of the Trustees.	29.784.14
EMMA GILDERSLEEVE LANE FUND For cancer research, "preferring but not requiring that this legacy be kept as capital and only its income used for research in cancer."	20,000.00
THE ISABEL FABYAN LOMBARD FUND For the comfort and/or entertainment of Nurses in the Hospital.	5,000.00
THE JOHN R. MACOMBER QUADRANGLE FUND Income for the maintenance of the Macomber Quadrangle.	5,000.00

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE MALLINCKRODT FUND .... Income only to be used for the support of the Mallinckrodt Ward (Ward 4) with limited discretion to the Trustees in case this support is no longer needed.	543,572.68
THE FRANCIS COGSWELL MANNING FUND Income for research work under the direction of Chief of the Medical Service.	$ 10,190.00
THE CAPTAIN MARTELL FUND .... "The interest to be used for the annual purchase of a book or books for the Warren Library, these books to be seafaring stories with the story of Captain Martell pasted on the inside cover of each one."	121.36
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING GRADUATE NURSES SCHOLARSHIP FUND .... Income for Graduate Nurse Scholarships Gift of Miss Annabella McCrae	516.75
JAMES HOWARD MEANS FUND .... To be used under the direction of the Chief of Medical Service primarily towards bringing to the Hospital on a pro tempore basis physicians or other prominent persons whose presence will aid and advance the work of the Medical Service.	30,150.00
JAMES C. MELVIN FUND .... Subject to certain annuities, income for any purpose of the Corporation, with nonobligatory suggestion for increasing medical knowledge, assisting persons particularly the young who have had hospital treatment, bettering treatment in country districts and co-operating with the Trustees under the Will of James C. Melvin. Bequest of Mrs. Clara M. Melvin.	671,811.13
MEMORIAL FUND TO THE DOCTORS AND NURSES WHO DIED IN THE WAR OF 1917-18 .... Income for the general purposes of the Hospital, but preferably for free care of patients. Gift of Base Hospital No. 6 Fund through the Ladies' Visiting Committee.	6,189.47
ALBERT G. MITCHELL FREE BED FUND .... Income for the treatment of cancer with nonobligatory suggestion that use of the bed be given to members of the Department of Music in the Boston Public Schools, or otherwise for the use of the teachers of said schools.	21,373.77

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE MITTON FUND Income to be used for General Surgery purposes under the direction of Dr. Russell.	58,929.64
THE MIXTER FUND ". . . the income only to be expended under the direction of Dr. W. Jason Mixter, during his life, and thereafter by the Chief of the Neurosurgical Service."	$ 76,233.44
FORRIS JEWETT MOORE AND EMMA BAKER MOORE FUND Income for Hospital uses for the alleviation of human suffering.	76,143.32
FANNIE EDSON MORRISON FUND "Income . . . for the support of the Social Service Department."	711,320.97
FRANCIS A. NEWELL ENDOWMENT FUND Income to be used "for the most approved method of treating hip disease due to accident in indigent children."	50,000.00
NORTH END DIET KITCHEN RESTRICTED FUNDS "Income to provide diet for the sick poor."	11,366.78
NORTH END DIET KITCHEN UNRESTRICTED FUNDS "To provide diet for the sick poor."	34,716.65
FLORENCE NUTE FUND To be "used on behalf of patients with slender or no means with which to meet Hospital expenses." Bequest of Lewis W. Nute.	68,278.57
DR. ALICE IRENE OUTHOUSE MEMORIAL FUND Income to be used for the purchase of pediatric literature for the Treadwell Library.	530.00
OUTPATIENT DEPARTMENT FUND Income for needy patients.	4,479.71
EMERETTE O. PATCH FUND For the use of the Baker Memorial.	8,240.84
PATHOLOGICAL LABORATORY AND RANDALL FUNDS Income for Pathological Laboratory.	83,875.41
JACOB C. R. PEABODY AND ELSA MASON LORD PEABODY MEMORIAL FUND Income for the Phillips House.	79,855.33

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
ELIZABETH ANNE PETERSON MEMORIAL FUND .... Income to further the work of the Neurological Service.	$ 20,678.55
PHILLIPS HOUSE NURSES LOAN FUND ...... Income for loans to Phillips House nurses.	2,190.00
MARY GOVE PITMAN FUND FOR UROLOGICAL RESEARCH .... Income for investigation— *First*: Of the cause, treatment and prevention of recurrence of urinary stones, and *Second*: Of any other pathological or physiological problems encountered in urological surgery which are deemed worthy of investigation, the decision as to their importance to be made by a Committee appointed by the Trustees of the Hospital.	21,051.38
JOHN REDMAN FUND .... Income for any purpose except erection or repairs of buildings.	455,113.34
RESEARCH AND TEACHING FUND .... Income for research and teaching.	141,475.84
EDWARD PEIRSON RICHARDSON LECTURESHIP IN MEDICAL SCIENCE .... "The income to be used to provide honoraria for lectures by visiting scientists, preferably in subjects relating to surgery —" Gifts of Dr. Richardson's Sons in Memory of their Father.	15,000.00
JOHN FYFFE RICHARDSON MEMORIAL FUND .... Income only to be spent by the Trustees on recommendation of the Chief of the Huntington Memorial Laboratories or the senior cancer investigator preferably for leukemia research or related areas of cancer research. 5% of income to be added to principal each year until the fund reaches $400,000.	28,798.51
MAURICE HOWE RICHARDSON FUND .... Income for surgical research, as recommended by the Chiefs of the General Surgical Staff.	40,400.00
RICHARDSON TUBERCULOSIS FUND .... "For the prevention or cure of tuberculosis." Bequest of Mrs. Mary Rich Richardson	276,141.63

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
THE MARIAN MAHIN ROBB MEMORIAL FUND Income for Cancer Research.	$ 6,095.00
ELSIE M. ROBBINS SOCIAL SERVICE FUND For social service purposes in the Arthritis Clinic.	12,814.55
WILLIAM MILTON ROSE, M.D., MEMORIAL FUND Income for the benefit of worthy needy persons.	44,766.46
MARY ELIZABETH SALTONSTALL FUND Income for the Social Service of the Hospital, "preference being given for the help and care of little children". Bequest of Philip L. Saltonstall.	5,000.00
MARTHA A. SARGENT FREE BED FUND Income for Free Beds in the Women's Department. Bequest of William A. Sargent.	1,042,816.18
SCHOOL OF NURSING SCHOLARSHIP FUND For scholarships at the School of Nursing.	28,041.64
THE CHARLES L. SCUDDER FUND Income for the Fracture Service. Bequest of Miss Elizabeth M. Garritt.	30,000.00
GEORGE C. AND ANNE H. SHATTUCK FUND Income for music at the General Hospital annually on Christmas Day and Easter Sunday. Surplus income may be used for music on other days, including radio. Gift of Dr. Frederick C. Shattuck.	2,000.00
THE TERRY SHUMAN MEMORIAL FUND Income for additions to the Library of the Neurology Department of books on research, periodicals, reports or publications, etc.	1,470.10
EMMA H. SLADE FUND For any Hospital purpose, but preferably to provide particularly for those in the middle ranks of life who need such care.	10,195.20
SOCIAL SERVICE FUND Income for Social Service.	111,015.15
THE CHARLES CHESLEY SPRINGER FUND "Income for the relief of soldiers, sailors or marines who have been in the military service of the United States and who are residents of Massachusetts, and for the relief of their families. If at any time there should not be any soldiers, sailors, marines or their families requiring such relief, the income may be applied to any of the purposes of the Hospital." Bequest of Miss Mary W. Springer.	345,020.58

GENERAL HOSPITAL FUNDS (Continued)

	PRINCIPAL
STAFF MEMORIAL FUND Income to be expended by direction of the General Executive Committee.	$ 3,811.00
SURGICAL INSTRUMENT FUND Income for special surgical instruments.	6,475.00
GEORGE N. TALBOT FUND Income for Children's Medical Department as directed by Chief of Service. Bequest of George N. Talbot and Gifts of Dr. Fritz B. Talbot.	14,151.40
MRS. NATHANIEL THAYER FUND Income to be used "preferably for the Social Service Department."	10,000.00
ANNIE A. LONGFELLOW THORP MEMORIAL FUND Income for Warren Library.	3,450.00
THYROID LABORATORY FUND Income only for the Thyroid Laboratory.	4,178.29
TRAINING SCHOOL FOR NURSES FUND Income for Training School for Nurses. Sundry Gifts and Bequests.	40,037.92
TREADWELL LIBRARY FUND Income for the Treadwell Library.	7,555.00
LAWRENCE TUCKER FUND So far as expedient for the treatment and alleviation of venereal diseases, and otherwise for the general purposes of the Hospital.	429,753.01
UROLOGICAL PERIODICALS FUND Income for purchase of urological periodicals for Staff Room of Urological Ward. Gift of Dr. Channing S. Swan.	1,000.00
THE BETH VINCENT FUND Income to be used for research under the direction of the Chief of Surgical Service.	100,938.36
FRANCES KNOWLES WARREN FUND Income for the General Purposes of the Hospital; principal available in emergency. Bequest of Mrs. George E. Warren.	30,000.00
WARREN LIBRARY FUND Income for books for patients. Sundry Gifts and Bequest.	5,067.19
DEPENDENCE S. AND WALTER B. WATERMAN FUND "Income to be applied to the care of those who can pay something but not all." Bequest of Walter Bowen Waterman.	134,573.62

GENERAL HOSPITAL FUNDS (Continued)

		PRINCIPAL
GEORGE ROBERT WHITE FUND .... To be held as a permanent fund to be known as the George Robert White Fund, the income only to be used first for the maintenance and equipment of the George Robert White Memorial building and second for the general purposes of the Hospital. Bequest of Mrs. Harriet J. Bradbury		$4,119,730.30
GEORGE ROBERT WHITE FUND .... "Income for development or maintenance of a department for treatment of diseases of the skin." Bequest of George Robert White		100,000.00
DR. JAMES C. WHITE NEUROSURGICAL FUND .... Income to be added to principal until the fund reaches $5,000; thereafter 50% shall be added until the fund reaches $10,000; and thereafter 25% to $50,000. Income not so added to principal to be used in the interest and promotion of neurosurgery under the direction of Dr. James C. White.		1,077.92
GEORGE WIGGLESWORTH FUND .... Ten per cent of gross income in each year to be added to principal; net income remaining for the general purposes of the Corporation.		59,083.46
WOODEN LEG FUND .... Income for wooden legs and other devices for diseased and injured legs.		7,600.00
Bequest of Nathaniel I. Bowditch	$5,000.00	
Sundry Gifts	2,600.00	
TEMPORARY FUNDS		4,281,666.33
TOTAL GENERAL HOSPITAL FUNDS		$28,121,303.42

BUILDING FUNDS

BAKER-WARREN 12 FUND	$ 519,500.00
CHILDREN'S DEPARTMENT CONSTRUCTION	232,668.41
CLINICS BUILDING FUND	171,103.76
McLEAN BUILDING FUNDS	132,590.35
150TH ANNIVERSARY FUNDS	295,900.36
SURGICAL AND SPECIAL SERVICES BUILDING FUNDS	5,529,145.55
MISCELLANEOUS FUNDS	590,054.26
TOTAL BUILDING FUNDS	$7,470,962.69

McLEAN HOSPITAL FUNDS

	PRINCIPAL
EDWARD STANLEY ABBOT MEMORIAL FUND For scientific investigation at McLean Hospital.	$ 10,000.00
AMUSEMENT, ENTERTAINMENT OR OCCUPATION FUND Income for amusement, entertainment or occupation of patients.	21,135.00
WENTWORTH HIGGINSON BARNEY FUND Income to be spent at the discretion of the Director.	4,198.11
EMILY H. BOURNE FUND Income for the training of nurses in mental nursing and to aid in the prevention and cure of deafness.	10,000.00
CLINICAL RESEARCH FUND Income for research. Sundry Gifts and Bequests.	86,118.31
THE ISOBEL COLLINS SPECIAL FUND FOR THE LIBRARY OF McLEAN HOSPITAL Income for the purchase of books, music, and other things appropriate to the building up of a musical alcove for the library. Gift of Frank W. Kimball.	1,075.90
COWLES-TUTTLE MEMORIAL ART FUND Income for Art Room.	5,000.00
SAMUEL ELIOT MEMORIAL CHAPEL FUND For maintenance and operation of Chapel.	10,904.84
FREE BED FUNDS Income for Free Beds. Sundry Gifts and Bequests.	356,187.45
GENERAL FUND For any Hospital purpose.	(117,123.60)
INCOME UNRESTRICTED FUNDS Income for any Hospital purpose. Sundry Gifts and Bequests.	171,205.24
ANNABELLA McCRAE SCHOLARSHIP FUND Income for Scholarships for the School of Nursing	4,154.21
WETHERILL FUND The income only to be used for the Wetherill Awards to graduates of the McLean Hospital School of Nursing. Gift of Dr. E. Stanley Abbott.	2,000.00

McLEAN HOSPITAL FUNDS (Continued)

	PRINCIPAL
MARY JESSIE WILLIS MEMORIAL FUND To establish a free bed in memory of Mary Jessie Willis, to furnish luxuries, comforts and amusements to such insane women patients as may be unable to provide the same for themselves, and generally for the uses of the Hospital. Bequest of Mrs. Frances H. Willis.	$ 24,283.63
FIDUCIARY FUND Income to be added to principal for 25 years. Bequest of E. Stanley Abbot	$ 121,200.68
TEMPORARY FUNDS	70,865.24
TOTAL McLEAN HOSPITAL FUNDS	$781,205.01

FIDUCIARY FUNDS

BULLARD ANNUITY FUND	$100,000.00
BETTY DUMAINE FUND To be held until accumulated income plus additions reach $100,000, then one-half of income to be added to principal and balance used for such Hospital purposes as Trustees deem best.	4,554.15
FOSTER FAMILY FUND "Income to be used to pay the hospital bills of patients nominated by the donor or his wife. After their decease the power of nomination shall descend in succession to their oldest child living, then grandchild. Thereafter, or in case the line of descent shall cease, the income shall be for the unrestricted uses of the Hospital." Gift of C. H. W. Foster.	15,000.00
THE GEBBIE FUND Income to be added to principal for 10 years.	25,000.00
MABEL HOVEY HARRIS MEMORIAL FUND "In Memory of Mrs. Henry W. Harris" Income to be used at the discretion of the Ladies' Visiting Committee for the benefit of the Hospital and its patients. Gift of Mr. and Mrs. Edwin S. Webster.	5,375.00

FIDUCIARY FUNDS (Continued)

	Principal
SARAH PROCTOR JOSLIN FUND .... Income to be expended by the Ladies' Visiting Committee for books and other articles.	$ 1,000.00
MARION LEE LAWRENCE MEMORIAL FUND Income to be administered by the Ladies' Visiting Committee, or by any subcommittee duly authorized by them, for the benefit of the Hospital and its patients. "Given by Her Family and Friends."	10,943.00
FANNIE NEWELL SIMES FUND .... Income payable to a life interest. Gift of Miss Olive Simes.	20,000.00
MASSACHUSETTS GENERAL HOSPITAL SCHOOL OF NURSING ENDOWMENT FUND .... Income to be used as directed by vote of the Committee created under the Deed of Gift.	387,362.36
ANNIE NORTON WARD FUND .... For charitable purposes connected with the Hospital pursuant to the vote of the Ladies' Visiting Committee.	1,000.00
WARREN PRIZE FUND .... Income for a triennial prize. Bequest of Dr. J. Mason Warren.	11,889.84
KATHARYN HOYT WATSON FUND .... For use of the Ladies' Visiting Committee.	1,000.00
Temporary Funds	15,196.01
Suspense and Special Funds	4,129.88
TOTAL FIDUCIARY FUNDS	$ 602,450.24

SUMMARY

Principal Funds	$33,267,153.09
Temporary Funds	4,367,727.58
Funds Invested in Plant	28,116,763.69
Director's Accounts	7,375,905.47
	$73,127,549.83
Gain	255,788.55
Funds	$73,383,338.38

Examination of Accounts

January 25, 1966

To the Trustees
The Massachusetts General Hospital
45 Milk Street
Boston, Massachusetts

Sirs:

We have examined the balance sheet of The Massachusetts General Hospital as at September 30, 1965 and the related income statements of the General Hospital and McLean Hospital for the year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

Under the terms of pension plans adopted by the hospital, the hospital's portion of benefits payable to employees compensated from general operating funds of the hospital will be charged against operations as such benefits are paid. No provision has been made in the accompanying financial statements for the amount of the hospital's liability at September 30, 1965, for service benefits accruing to employees paid from general operating funds.

Subject to the explanation noted above, in our opinion, the accompanying balance sheet and related income statements, with their supporting exhibits, present fairly the financial position of The Massachusetts General Hospital at September 30, 1965 and the results of its operations for the year ended at that date, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year.

We have made a test check of the charges to income funds for special purposes for the year ended September 30, 1965 (including income arising from principal funds), in respect of the General Hospital and McLean Hospital funds. Based upon such examination and our review of internal control maintained in relation to funds, it is our opinion that charges made against the above-mentioned funds were properly chargeable thereto.

Patterson, Teele & Dennis

GIFTS AND BEQUESTS 1964-1965

GENERAL FUND

FOR ANY HOSPITAL PURPOSE		
Bequests	$ 928,394.96	
Gifts	20,483.73	$948,878.69

GENERAL HOSPITAL FUNDS

Fund No.			
1016	FULLER ALBRIGHT FELLOWSHIP FUND		
	Gifts		$ 12,721.41
1020	ANESTHESIA FUND		
	Gifts		15,690.50
1100	BAKER MEMORIAL ASSISTANCE FUND		
	In Memory of Howard S. O. Nichols	$ 162.50	
	In Memory of Lester T. Redman	70.00	232.50
1125	THE JOSEPH S. BARR MEMORIAL FUND		
	Gifts		21,670.53
1143	THE EDWARD F. BLAND FUND		
	Gift		100.00
1220	RICHARD C. CABOT FUND		
	In Memory of Marjorie L. Davis		100.00
1240	CANCER RESEARCH ENDOWMENT FUND		
	Bequest of M. Alice Goldsmith	$ 1,000.00	
	In Memory of J. Lothrop Motley	1,196.00	2,196.00
1245	IDA M. CANNON MEMORIAL FUND		
	Gifts		1,175.87
1248	EDWIN F. CAVE TRAVELLING FELLOWSHIP FUND		
	Gifts		5,250.00
1290	MGH ENDOWMENT FUND FOR STUDY OF CHRONIC DISEASES		
	Gifts		7,831.25
1332	THE WILLIAM C. AND JESSIE B. COX SCHOLARSHIP FUND		
	Gifts		29,118.37
1410	DR. WALTER JAMES DODD MEMORIAL FUND		
	Gift		100.00
1710	INCOME UNRESTRICTED FUNDS		
	Bequest of Maud E. Appleton	$ 996.73	
	Bequest of George F. Blake	5,000.00	5,996.73
1768	CHESTER M. JONES HOUSE STAFF EDUCATIONAL FUND		
	Gift		$ 1,000.00

1770	DANIEL FISKE JONES MEMORIAL FUND		
	Gifts		150.00
1785	THE VARAZTED H. KAZANJIAN FUND		
	Gift		2,000.00
1800	MARGERY AMORY KETCHUM MEMORIAL FUND		
	Gift		10.00
1940	THE MITTON FUND		
	Gifts		1,400.00
1950	THE MIXTER FUND		
	In Memory of Dr. Charles G. Mixter, Sr.	$ 50.00	
	Gifts	3,580.00	3,630.00
2130	OUTPATIENT DEPARTMENT FUND		
	Gift		1,000.00
2347	THE MARIAN MAHIN ROBB MEMORIAL FUND		
	Gift		400.00
2400	MGH SCHOOL OF NURSING, GRADUATE NURSE SCHOLARSHIP FUND		
	Gift		16.00
2401	SCHOOL OF NURSING SCHOLARSHIP FUND		
	In Memory of Mrs. John W. Keller	$ 2,547.00	
	In Memory of Bernadette Cormier	10.00	
	In Memory of Bertha B. Parker	25.00	
	In Memory of Mary A. Walsh	10.00	
	Gift	5.00	2,597.00
2440	TERRY SHUMAN MEMORIAL FUND		
	Gift		50.00
2600	THE THYROID LABORATORY FUND		
	Gifts		550.00
2800	THE BETH VINCENT FUND		
	Gift		500.00
2815	UNRESTRICTED FREE BED FUND		
	Bequest of Laura F. Robbins	$ 2,500.00	
	Gift	100.00	2,600.00
2821	HENRY A. BELCHER FREE BED FUND		
	Bequest of Hannah B. Belcher		13,691.61
2910	CONVALESCENT HOSPITAL FUND		
	Gift		48.75
			$131,826.52

BUILDING FUNDS

ARTHUR W. ALLEN MEMORIAL FUND	
Gifts	$ 55,471.13

CARDIO-PULMONARY LABORATORY		
Bequest of Miss Margaret Kemp	$ 39,831.33	
Gifts	50,100.00	
Government Grant	26,820.00	$116,751.33
MISCELLANEOUS BUILDING FUNDS		
Gifts		4,115.63
NORTH BUILDING CONSTRUCTION		
Gifts		1,367,588.66
ORTHOPEDIC RESEARCH BUILDING FUND		
Gifts		5,950.20
PEDIATRIC CONSTRUCTION FUND		
Bequest of Mary Fuller Wilson	$ 35,332.43	
Gift	300.00	35,632.43
RADIATION THERAPY CONSTRUCTION		
Gifts		62,140.13
		$1,647,649.51

FIDUCIARY FUNDS

GEBBIE FUND	
Gift	$ 25,000.00
NURSES ALUMNAE ASSOCIATION ENDOWMENT FUND	
Bequest of Miss Elspeth Campbell	500.00
	$ 25,500.00

McLEAN HOSPITAL FUNDS

MARION WETHERILL ABBOT MEMORIAL FUND		
Bequest of E. Stanley Abbot		$ 117,561.58
CLINICAL RESEARCH FUND		
Bequest of Ephraim Emerton		37.00
GENERAL FUND		
Gifts		9,509.90
McLEAN BUILDING FUNDS		
Gifts	$ 21,602.00	
Government Grant	48,555.33	70,157.33
		$ 197,265.81
TOTAL PRINCIPAL FUNDS		$2,951,120.53

INCOME FUNDS

GENERAL HOSPITAL FUNDS

TREASURER'S FUNDS

ANNUAL FREE BED FUND		
Gifts		$ 1,200.00
CURRRENT EXPENSE FUND		
Bequest of Caroline E. Chickering	$ 13,817.44	
Bequest of James O. Graves	96.39	
Gifts	733.00	
United Community Services	222,443.00	237,089.83
TREASURER'S FUNDS		
Gifts		109,061.64
		$ 347,351.47

FUNDS FOR SPECIAL PURPOSES

Bequests		$ 38,117.00
Gifts		412,583.03
Grants—Government	$5,229.177.78	
Foundations	1,002,970.42	6,232,148.20
		$ 6,682,848.23

McLEAN HOSPITAL FUNDS

FUNDS FOR SPECIAL PURPOSES		
Bequests		$ 6,675.00
Gifts		52,936.25
Grants Government	$ 426,808.00	
Foundations	10,300.00	437,108.00
		$ 496,719.25
TOTAL INCOME FUNDS		$ 7,526,918.95
TOTAL PRINCIPAL FUNDS	$2,951,120.53	
TOTAL INCOME FUNDS	7,526,918.95	$10,478,039.68

HENRY R. GUILD
Treasurer

ONE HUNDRED AND FORTY-EIGHTH

ANNUAL REPORT

OF THE

McLEAN HOSPITAL

A DIVISION OF THE

MASSACHUSETTS GENERAL HOSPITAL

1965

OFFICERS AND STAFF, 1966

BELMONT
MASSACHUSETTS

MASSACHUSETTS GENERAL HOSPITAL

McLEAN HOSPITAL

TRUSTEES 1966

Honorary President
Phillips Ketchum

President
Francis C. Gray

Vice-President and Treasurer
Henry R. Guild

Secretary and Assistant Treasurer
George S. Weld

1947	John E. Lawrence, Chairman, 177 Milk Street
1935	Francis C. Gray, 10 Post Office Square
1939	Henry R. Guild, 294 Washington Street
1940	Ralph Lowell, 100 Franklin Street
1941	*Rt. Rev. Robert P. Barry, 71 Warner Street, West Somerville
1943	Lloyd D. Brace, 67 Milk Street
1947	*Francis O. Schmitt, Ph.D., Department of Biology, Massachusetts Institute of Technology, Cambridge
1955	Philip H. Theopold, 294 Washington Street
1958	*Sidney R. Rabb, 393 D Street, South Boston
1962	Francis H. Burr, 50 Federal Street
1964	George Putnam, 60 Congress Street
1965	*Edward L. Bigelow, 111 Franklin Street

Honorary Trustees

1962	Francis W. Hatch, 66 Beacon Street
1963	Phillips Ketchum, 294 Washington Street

McLEAN HOSPITAL COMMITTEE

Ralph Lowell, *Chairman*
Rt. Rev. Robert P. Barry
Sidney R. Rabb
George Putnam

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*Appointed by the Governor of the Commonwealth

Massachusetts General Hospital / McLean Hospital

OTHER MEMBERS OF THE CORPORATION

Mrs. Frank G. Allen
Philip K. Allen
John S. Ames, Jr.
Robert Amory, Jr.
O. Kelley Anderson
Mrs. David B. Arnold

G. Storer Baldwin
Mrs. James T. Baldwin
Harry J. Blake
Mrs. Henry M. Bliss
Mrs. Lloyd D. Brace
J. Howard Bushway

Mrs. Charles C. Cabot
Thomas D. Cabot
John P. Chase
Theodore Chase
Edward D. Churchill, M.D.
Charles E. Cotting

Mrs. Richard E. Danielson
Miss Betty Dumaine
Robert R. Duncan
Charles J. Dunn

William Ehrlich

Nathaniel W. Faxon, M.D.
Mrs. Gardiner H. Fiske

Mrs. Francis C. Gray

Edward B. Hanify
Roy J. Heffernan, M.D.
Edwin W. Hiam
Mrs. Robert Homans
Gilbert H. Hood, Jr.
Harvey P. Hood
Arnold W. Hunnewell

William T. Kemble
Sen. Edward M. Kennedy
Mrs. Wheaton Kittredge, Jr.

Miss Aimee Lamb
Henry A. Laughlin
Alfred L. Loomis
Joseph W. Lund
Arthur T. Lyman

Francis P. McCarthy, M.D.
James Howard Means, M.D.
James Jackson Minot

George Olmsted, Jr.
James H. Orr

Miss Amelia Peabody
Mrs. Sumner Pingree

William M. Rand
Miss Anna P. Revere
Elliot L. Richardson

Joseph Santosuosso, M.D.
Rt. Rev. Henry K. Sherrill
Alan Steinert
Raymond S. Stevens
John O. Stubbs

Thomas C. Thacher
Mrs. Augustus Thorndike
Richard K. Thorndike
Samuel J. Tomasello

John B. Vernaglia, M.D.
F. Frank Vorenberg

Mrs. Edwin S. Webster
Edward A. Weeks, Jr.

ADMINISTRATION

Director
Francis de Marneffe, M.D.

Administrator
Henry J. Langevin, M.S. Psych. Nurs., M.S.H.A., (M) A.C.H.A.

Assistant Administrators
David B. Balise, R.N., M.P.H.
Willa F. Pasho, B.S.

Executive Assistant
Catherine R. Conroy

DIRECTORS OF DEPARTMENTS

Accounting
Thomas J. Burley, Comptroller

Activity Therapies
James A. Garland, M.S.S.S.

Dietetics and Food Service
Charlotte L. Donaldson, B.A.,B.S.

Grounds and Transportation
Howard R. Gallant

Housekeeping
Edward J. Hanley, Jr.

Laundry
Arnold O. Tompkins

Patient Education
John F. Dunn, M.A.

Personnel
John E. Lowe, B.B.A.

Pharmacy
George R. Zager, Reg. Ph., M.S.

Plant and Operations
John B. Larson, B.S.
John J. Blanchard, Assistant

Psychology
Irene Pierce Stiver, Ph.D.

Public Relations
Barbara R. Hopkins, B.A.

Purchasing
Alexander Armour

Social Science
Norman W. Bell, Ph.D.

Social Work
Golda Edinburg, M.S.S.S.

Director of School of Nursing and Nursing Service
Margaret C. Tibbetts, R.N., B.S. in Nurs. Ed.

Director of Clinical Nursing
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Report of the Director

Program of Development for McLean

DURING the past year, in addition to the day to day administration of the hospital, the Director was deeply involved in the development of long range plans. From the many meetings he held with the staff at McLean and MGH there emerged a picture of important services to patients and the community which the hospital should provide in the next decade. These ideas were formalized in a Program of Development for McLean which was to be presented to the Trustees early in the next fiscal year. Because of the conviction that no realistic decision could be made about the use of the present physical plant until many decisions had been made about the future function of the hospital, the considerations of building needs and costs were not included in this phase of the Program of Development.

In studying the future it was gratifying to note the factors which had contributed to the hospital's strong position among the psychiatric institutions of the country in the past ten years; namely, its development as a more therapeutic instrument through the systematic application of current psychiatric knowledge in the treatment of patients, the expansion and strengthening of the educational programs in several professional fields closely allied to psychiatry, and the initiation of research in psychiatry and the social sciences, as well as the expansion and strengthening of the research effort in the biological sciences.

In addition to these relatively recent developments, four other historically important assets gave the hospital a deep-rooted foundation upon which we could build. Its status as a voluntary hospital has remained unusual among psychiatric hospitals, (which are mostly government controlled or proprietary.) The direct control of the hospital by a Board of Trustees, accountable only to the community it represents, has been a priceless asset which permitted long range planning, flexibility and efficient decision making while maintaining high professional standards through the control of appointments and expenditures.

The relationship with the Massachusetts General Hospital, which tends to be taken for granted because the histories of the McLean and the General are so interwoven, has been another strength. Such a relationship between a psychiatric and a general hospital is extremly rare and presents unusual opportunities for the pooling of resources and the development of each.

The status of the hospital as a teaching unit of Harvard Medical School was also vital to our future development. The view that patient care is better in a teaching hospital continues to be as true in a psychiatric hospital as in a general hospital. It has been particularly important in the former because the teaching of psychiatry has, for various reasons, lagged in medical schools. While psychiatry was getting richer with clinicians of greater ability and insight, who were effective in their treatment of patients, it was more difficult to conceptualize these practices and subject them to scientific validation. The presence in the hospital of both clinicians and investigators, engaged in teaching and sharing membership on a medical school faculty, especially one which included the staffs from many hospitals, provided the climate and facilities to add to the body of psychiatric knowledge.

Finally, the land available for expansion at McLean always gave the hospital a unique opportunity. The treatment of seriously ill psychiatric patients requires much space. The space to loaf, to be with others or to be alone, to walk, to play games, to think and study, was never a luxury in a psychiatric hospital; it has always been a necessity. The more severly ill the patient, the longer the hospitalization was likely to be, and consequently the more facilities usually found in the community had to be duplicated on the hospital grounds. For instance, if an adolescent was in the hospital for one month the school he missed was relatively unimportant; if he was hospitalized for a year it became critical, and the hospital had to provide a school. The presence of these facilities in the community or at some distance from the hospital may have met the needs of some patients, but in our experience only a small minority. The majority benefitted best and earlier if such facilities were available on the hospital grounds as an integral part of the therapeutic environment. The shortage of space surrounding a general hospital has usually been one important limiting factor in the kind of psychiatric patients which the general hospital can treat.

Two other influences were building up which also helped set the stage for major hospital changes—our growing financial strength and the national interest in mental illness. In years past, the demands for the services were less than the cost of operation, resulting in a sizable deficit. In recent years this trend was reversed. On several occasions the hospital was unable to admit all patients requesting admission because of a shortage of beds. Several elements apparently contributed to this: the economic state of the community, the increase in insurance coverage for psychiatric illness (in 1964-65, 75% of the patients admitted had some kind of health insurance), the growth in population, and perhaps most of all, the increasing demand for good psychiatric care as a result of the recognition that the type of treatment the patient receives does indeed make a difference in the outcome of the illness.

At the national and local level, major changes took place in the community's attitude toward mental illness and the development of mental health facilities. The Report of the Joint Commission on Mental Illness and Health in 1962 was followed in 1963 by President Kennedy's Message to Congress on mental illness and mental retardation. The resulting legislation established federal participation in the development of psychiatric facilities in the various states. The Massachusetts Mental Health Planning Project completed its work and made its recommendation to the Governor. It was clear that the magnitude of the mental health problem had been recognized, the demand for action had been heeded and the momentum gathered by this movement was unlikely to be stopped.

Thus the social and financial context in which the future of the hospital could be planned was different from what it was a few years ago. It was clear that at the national and local levels the course was set toward the development of comprehensive mental health centers. By governmental definition these were to include inpatient and outpatient services, facilities for partial hospitalization, community services, diagnostic services, rehabilitative services, pre-care and after-care services, training, research and evaluation. McLean already provided many of these services to a limited segment of the population.

It was against this background that we recommended that McLean continue to treat the present categories of inpatients, day care patients, and outpatients, with acute and chronic psychiatric illnesses of all types in adults, adolescents and geriatric patients. In its approach to the treatment of these patients certain features distinguished this hospital from most others. First, all types of psychiatric illnesses, including problems of behavior and alcohol and drug addiction, are admitted and there is no discrimination on the basis of diagnosis. Second, after the hospital has committed itself to the treatment of a patient, the hospital rate may be reduced, if necessary, to avoid transfer elsewhere if it would be detrimental to the patient. And finally, the number and duration of hospitalizations is never limited as in some other institutions.

In considering our future treatment of adolescents we recognized that the number of patients under 21 had risen from four percent of the hospital population in 1958 to 25 percent in the past year. We expect this trend will continue and we plan to add specialists in adolescence to the hospital staff.

Because approximately 100 college students from New England colleges every year require admission to a psychiatric hospital, we started looking into the creation of therapeutic and educational programs on the hospital grounds for this college group. Our feeling was that the organization of such programs could be added to the existing, successful hospital high school.

The hospital has traditionally treated elderly patients with acute and chronic psychiatric illness, including senility. In 1955 a total of 26 percent of the patients admitted was 60 or above, but in 1965 this percentage had decreased to 11 percent. There was still at any one time a complement of approximately 40 patients on the two geriatric halls. In the past few years there has been renewed interest in gerontology and psychiatrists have been addressing themselves more directly to the problems of advancing age. Thus, the hospital appointed a specialist in geriatric psychiatry and is developing therapeutic programs for this group of patients. The popular idea that an elderly patient admitted to a mental hospital is not likely to be discharged has not been borne out by the facts. For instance, in one year, 45 patients over 60 were discharged. Twenty-four went home after an average length of stay of only four months. We expect that more can be done in geriatric psychiatry and that an expansion of the treatment programs of inpatients, day patients and outpatients will result. Medicare will undoubtedly have an impact on these patient groups but the exact nature of the impact remains to be seen.

Although progress has been achieved in developing working opportunities for patients, these were entirely on a voluntary basis. Therefore we recommend that a Sheltered Workshop be established on the hospital grounds to give patients a supervised, paid work experience before returning to the community.

Intensive therapeutic programs, concentrated at weekends, should be developed for the benefit of patients who can remain at home and work throughout the week, yet need intensive treatment.

Technological advances in indexing, cataloging and retrieving medical information from patient records require that the hospital, in collaboration with the General and Harvard, develop a computer program.

The hospital has been and will continue to be engaged in research in psychiatry, in the social sciences and the biological sciences. I endorse Dr. Alfred Stanton's recommendation that the following steps be taken to develop further research in behavioral sciences: (a) that he devote essentially full time to the development of research programs; (b) that senior appointments be created in the behavioral science area; (c) that we establish research programs in the following areas; study the dynamics of small groups, the background of psychosis and adolescent behavior disorders, the social-psychological analysis of treatment methods of both the hospital structure and psychotherapy, the family, the chemical dynamics related to psychological processes, and expand the present neuro-physiological research projects.

The five programs in the Research Laboratory under the leadership of Jordi Folch-Pi, M.D., Alfred Pope, M.D., and J. David Robertson, M.D., Ph.D., which encompass study of the chemistry of structural components, metabolism, organic chemistry, microchemical neuropathology, and biophysics are firmly established but should be expanded. Of these, three areas need urgent attention: biophysics, metabolic neurochemistry and organic chemistry. In addition there should be considerable increased activity in chemical pathology. There are two new programs most urgently needed, one in the area of physical chemistry and the other in the development of biomedical and psychopharmacological tools to investigate clinical problems.

We spent a long time considering the Psychiatric and Medical services and how to give each added strength and support. In reviewing the organization of the Psychiatric Service, we concluded that it should be strengthened by the early appointment, with the help of Harvard Medical School, of a senior clinician of tenure professorial rank, in addition to the present one in psychiatric research.

For the Medical Department we recommended that it be reorganized in close collaboration with that of the MGH and that some senior internist from the MGH staff supervise and do the medical work at McLean and that medical residents from the MGH rotate through the McLean to do clinical work for the benefit both of the patients at McLean and the training of the residents. We also recommend greater mutual participation in the Psychiatric, Neurological and Pediatric services of the MGH.

In recent years the possibility of developing a medical-surgical center at McLean had been considered and on the whole discarded. This decision continues to be justified unless the shortage of space at MGH warrants a branch of the medical and surgical services located out of Boston or if the need for another general hospital in the area of McLean is demonstrated. Since only 15 patients a year at McLean need surgical intervention other than consultation, the development of a surgical department with an operating room and ancillary services was not justified on the basis of that use alone.

After reviewing these existing clinical programs certain gaps were identified. In addition to continuing to treat the existing categories of patients we recognized that the hospital needed new programs to treat patients in several different areas such as children, patients with primarily medical illnesses, and patients from a broader socioeconomic group.

At the present time the minimum age of admission of patients at McLean is 13. A program in child psychiatry for patients younger than this was strongly recommended because it would alleviate the shortage of such facilities locally and nationally. Furthermore, it would permit the hospital to extend its work in preventive psychiatry, since the development of the child is so important in the establishment of psychiatric illness; it would broaden the scope of the residency training program and the professional experience of the staff; it would permit the treatment of several members of one family in one institution and allow continuity of care; and finally it would open new areas of research in family structure and interaction. The child psychiatric division should include an outpatient clinic either in conjunction with the Beaverbrook Guidance Center, which is already on the hospital grounds although not a part of McLean, or as a new program, as well as day care and residential treatment facilities, including a nursery school and grade school.

The reorganization of the medical department mentioned previously would allow for creation of new medical services in the following areas: 1. Patients with primarily medical disorders could be admitted to the hospital and receive both medical and psychiatric attention through physical rehabilitation, activity therapy and occasional rehabilitation, and work with their families. 2. Because the rising cost of medical care in the general hospital has stimulated the exploration of alternatives to hospitalization, the organization of nursing homes has received particular attention. The development of a nursing home at McLean, functioning as an integral part of the hospital and with the professional services of MGH available to the patients, could meet the needs of the MGH in arranging for the convalescent care of its patients. 3. The hospital could develop an emergency ward providing 24-hour coverage. The community expects a hospital to provide emergency care and the proximity of general hospitals in Waltham and Arlington does not change this expectation. Psychiatric and medical factors are often both present in an emergency and the emergency ward should handle both. It would not only fulfill a community need but also would add substantially to the professional practice and training of the staff.

Because of the limited endowment and the fact that state and federal support has not been forthcoming for clinical programs in a private institution, at the present time all patients admitted to inpatient and day services must be able to afford the full hospital charges. Thus, although the hospital does not discriminate on the basis of diagnosis, it does so on the basis of finances and this has created a patient population of broadly similar economic and educational background.

Steps should be taken at this time to make the services of the hospital available to a broader section of the community and to make the hospital community more representative of the outside for the benefit of both patients and staff. The patients who are psychiatrically ill already feel sufficiently alienated from society without adding other criteria of discrimination. The staff would benefit by a broadening of their professional experience to include the evaluation and treatment of patients of varied backgrounds. Differences in socioeconomic, educational and intellectual backgrounds affect the treatment of psychiatric illness. The teaching responsibility of the hospital demands that psychiatrists, social workers, nurses, teachers, etc., who will practice in the second half of the twentieth century and beyond be familiar with medical, psychological, social and economic factors pertinent to the majority of the population. Finally, the moral and financial support from the community, whether through governmental or private channels, would be forthcoming only to the extent that the hospital heeds its social obligation to the community on a broad basis.

The hospital took a major step in opening the Outpatient Clinic in 1964 to provide psychiatric services to individuals who could not afford private outpatient psychiatric care. In a short time the Clinic has had a tangible effect on the hospital environment, its educational programs and community support. The principles underlying the opening of the Clinic should be extended to the inpatient and day care services. The major problem of implementation is obviously financial. The Outpatient Clinic is supported from patient fees and private donors and since 1965 from the United Community Services. Similar arrangements could be made for inpatients and other services but the cost is so high that such financing would have to be supplemented.

The Report of the Massachusetts Mental Health Planning Project recommends the establishment of 37 community mental health centers in the commonwealth, one of these to serve the people of Belmont, Waltham and Watertown. There are already many institutions in this area. In addition to McLean there is the Metropolitan State Hospital, the Beaverbrook Guidance Center, the Walter E. Fernald School and the Waltham General Hospital. The report points out that the provision of adequate services to this area is as dependent on the collaboration and affiliation of existing services as upon the development of new ones. The hospital should exert leadership in the organization of the community mental health center in conjunction with the other institutions in this area. Not only would this permit the fulfillment of the goals outlined in McLean's Program for Development but in addition it would make the hospital eligible for matching federal funds.

While the contact of the hospital with the community has increased in recent years, it has been a movement mostly in one direction. Thus the Auxiliary, volunteers, and outpatients have come from the community to the hospital. The efforts of the hospital to provide services in the community, however, have lagged and this should be remedied. Consultation services of the hospital eventually should be available to non-psychiatric M.D.'s, clergy, community agencies, schools, police, courts, health and recreational agencies and others. This would be an important community service as well as a significant addition to the development and training of the staff. Some general hospitals are developing psychiatric services and McLean has already been asked to participate in the development of some of them. Consultation to industry has also been developed in recent years in some parts of the country and the proximity of the industries on Route 128 invites the development of such programs by the hospital.

It is our conviction that every program established to take care of patients and in research should contribute to further professional education. The following professional groups are already being trained at McLean—medical students, psychiatric residents, social workers, psychologists, nurses, social scientists, research workers, and teachers. The opportunity for the training of medical residents has already been mentioned. The development of a high school on the hospital grounds with a full-time faculty should lead eventually to the establishment of an education center for teachers of emotionally disturbed children in affiliation with a university. In Massachusetts and elsewhere, the shortage of specially trained teachers has been the main stumbling block to the further development of adequate programs in this field. As a specialty hospital we are also able to provide an excellent setting for psychiatric nursing courses at the masters and doctoral level as well as special courses for nurses' aides.

In summary then, the projected new programs will be in six areas: child psychiatry (outpatient, day care, residential, nursery and grade school); three new areas of medical service—for patients with a combination of medical-psychiatric illness, a nursing home, an emergency ward; inpatient and day care services to low income patients; community consultation services for non-psychiatrists, a computer program in association with the MGH and Harvard; and education for nurses at the masters and doctoral level and for teachers of emotionally disturbed students.

Expansion of existing hospital services includes programs for adolescent and geriatric patients; a "weekend hospital"; a sheltered workshop; research in the behavioral sciences and new laboratory studies; a professorial position in the hospital's psychiatric service; and reorganization of the Medical Department to mesh more closely with the MGH departments of Medicine, Psychiatry, Neurology and Pediatrics.

This year's task has been to define the areas of hospital function which should be developed in the next 5, 10, 20 years. It adds up to a vision of what McLean could and should become as a natural evolution from its present position. The next step will be an evaluation of the physical plant required to house these programs (the use of existing buildings and the need for new ones), together with an estimate of costs and the financial resources which the hospital can develop to make these exciting prospects of greatly expanded psychiatric services come to life in the near future.

The development of the long-range plans was not a substitute for reaching decisions on certain other matters of more immediate concern and impact, which will be described in the remainder of this report.

Nursing and the School of Nursing

During the past year Miss Margaret Tibbetts, R.N., Director of the School of Nursing, and Mrs. Mildred Makin, R.N., Ed.M., Assistant Director, studied the future of the School of Nursing. It was concluded that the three-year diploma School of Nursing will not be able in the future to fulfill the needs of the hospital nor the needs of the nursing profession. As a result the Trustees approved the decision to discontinue the three-year diploma program in 1968, on the explicit understanding that the hospital would develop other psychiatric nursing educational programs in concert with colleges and universities at the bachelor's, master's and doctoral level in psychiatric nursing.

In the past year, also, a good deal of work went into the development of the Nursing Service programs and in preparation for Miss Tibbetts' retirement in 1966, Miss Hilda Mertz, M.S.N., was appointed Director of Clinical Nursing. In recent years there has been discussion concerning the professional role of the psychiatric nurse. At McLean this has been done recently under the guidance of Mrs. Ida Orlando Pelletier, R.N., M.A., as Consultant in Psychiatric Nursing, and it will receive further boost as a result of the appointment of Miss Mertz, whose experience at the Yale University School of Nursing will be of inestimable benefit to our own Nursing Department.

Psychiatric Service

In March of 1965 Samuel Silverman, M.D., resigned as Director of Clinical Psychiatry to return to private practice. In April, Alfred H. Stanton, M.D., the Psychiatrist in Chief, resumed direct personal responsibility for the Psychiatric Service with the ever loyal and able assistance of Paul M. Howard, M.D., the Associate Director of Clinical Psychiatry. A review of the organization of the Psychiatric Service has led to the conviction mentioned in the Development Program that the hospital needs at least two senior academic positions, one for an individual to conduct psychiatric research and another whose major responsibility will be to provide the leadership in the clinical and teaching programs of the Psychiatric Service.

The Outpatient Clinic

During the year the Outpatient Clinic continued to be a most successful venture in terms of increasing the number of patients served and the number of psychiatrists and social workers involved in the treatment of patients, as well as in the ability of the Clinic to attract financial support. The hospital continues to be deeply grateful to the Nathan H. and Sarah A. Gordon Philanthropic Trust for its continuing support on an annual basis. In 1965 for the first time the hospital received an allocation from the United Community Services on the basis of the work in the Clinic. Another indication of the success of the Clinic was the need to move it from the Rehabilitation Center to more spacious quarters. It was relocated in what was formerly the Director's House, which was renovated with support from the Auxiliary.

The Arlington School

The Arlington School, the high school on the hospital grounds, continued to make significant contributions to the treatment of adolescents in the hospital. The hospital was fortunate in being able to attract as headmaster, Mr. John Dunn, who brings to his new position experience as a headmaster at a private school in Colorado and also experience in the admissions office of the University of Denver. The headmaster's job is a complex one. In addition to providing educational leadership for the faculty in the day to day administration of the school, a major job is the coordination of the educational programs with the therapeutic programs of the patients. This involves frequent contact with the clinical staff and in addition requires the establishment of contact with outside schools and universities in order to place students when they leave the hospital.

Throughout the phase of planning of future programs with which much of this report deals, the administration was encouraged and stimulated by the interest of the Trustees and especially the McLean Committee. In fact Mr. Ralph Lowell's words 18 months ago in his charge to the Director, "to dream big dreams" and not to be inhibited at this stage by excessive concern about ultimate costs, gave substance to his optimism that the recommendations which would shortly be made to the Trustees could, if approved in principle, be eventually implemented.

But even if the funds are forthcoming, this plan will be stillborn unless we have the people. I am most grateful for the support, conscientiousness, energy and enthusiasm of the staff—both administrative and professional—and especially the Department Heads without whose commitment to the ideals of the hospital my task would be impossible.

Francis de Marneffe, M.D.
Director

Report of the Administrator

THE operation of the McLean Hospital during the past fiscal year was characterized primarily by a moderate operating deficit, continued emphasis on maintaining and improving the physical facilities and equipment, and expansion of personnel benefits program.

The financial budget was based on an average inpatient daily census of 225 and an increase in the daily inpatient rate of from $38 to $40. The fiscal year ended with an average daily census of 229 and a net deficit of $77,480. Net income increased 2.5% over budget while expenses increased 2.9%. During the year the hospital received an allocation from United Community Services of $16,903. Deductions from income amounted to $422,283, or 10% of total patient income and an increase of .6% over last fiscal year. Of this amount $347,429 represented free care given to patients on reduced hospital rates. The cost per patient day of $50.07 amounted to a 9.7% increase over the previous year and a 14.3% increase over a 5-year period. Salaries and wages represented 70.7% of total expenses. These costs are comparable with many of the larger teaching general hospitals.

Of the 385 hospital admissions during the past year 269 or 74.3% were covered by various types of hospitalization insurance. In recent years there has been a considerable growth of in-hospital coverage of mental illness in health insurance plans of all types. With the trend toward shorter hospital stays, a greater portion of the patient's hospital bill is now being paid for by hospitalization insurance. Even though the hospitalization benefits in psychiatric hospitals under the Medicare Act are less extensive than those in general hospitals, this social legislation nevertheless is a milestone in the recognition of the insurability of mental illness on a national level.

During the past year net accounts receivable, less current billing, decreased by 19.2%. This decrease was primarily due to the revised procedure of billing patients twice a month rather than monthly, the establishment of personal accounts for patient allowances, the increase in third-party reimbursement, and close personal contact with patients and/or their families.

During the year, $312,453 was expensed for capital improvements including $102,368 for Phase II of the DC to AC electrical conversion plan. Major projects included: installation of the final AC 300 KVA transformer and secondary feeders to Bowditch, the Men Nurses Home, Gymnasium, Proctor House, North Belknap, East House and Women Nurses Home; replacement and enlargement of the east side steam supply line; installation of a passenger elevator in Proctor House; renovation of a hospital residence building to accommodate the Outpatient Clinic; partial remodeling and refurnishing of East House; partial renovation of Center Building (formerly, East Occupational Therapy Building) to accommodate the Accounting and Purchasing Departments; replacement of six fire hydrants; enlargement and resurfacing of the Bowditch parking lot; rebuilding of the Codman House porch, Administration Building front steps and 165 Mill Street porch.

The program of redecorating and refurnishing patient units continued during the year. Of the $35,600 expended on major moveable equipment, $13,500 was allocated to patient units. The major projects included completion of the Codman House I refurnishing program, and partial refurnishing of Codman House II and East House I.

Plant and maintenance activities included exterior painting and waterproofing of the Center Building, Clinic Building and Men Nurses Home; interior painting of miscellaneous areas in Codman House, South Belknap, Administration Building, East House, Hill Cottage, West Cottage, and Center Building basement. A fall and spring clean out of gutters and downspouts has been combined with an inspection and remedial action program to all building roofs and exterior masonry walls. Results of this program have been most gratifying in terms of minimal water leaks and damage. Even though the 5667 maintenance requisitions processed during the year represented a 16% decrease from the previous year, the remedial action required for scheduled and non-scheduled repairs continued to demand a large percentage of available man-hours. Nevertheless, the Maintenance Department responded well to both routine and emergency maintenance requirements in addition to coordinating and planning remodeling and construction projects.

The support of departments has been strengthened during the year by internal reorganization, improved systems and procedures, and by the establishment of additional positions. The various units of the Accounting and Purchasing Departments have been consolidated in remodeled and more spacious quarters in the Center Building. This move has improved departmental communications, efficiency, and morale.

The Codman House I and II food service project in which the responsibility for serving food for the noon and evening meals was transferred from the Housekeeping Department to the Dietary Department has continued during the year but has met with limited success primarily due to plant limitations and lack of personnel, and will probably be discontinued in the near future. In August another food service pilot study was undertaken in which ambulatory patients eat their noon and evening week-end meals in the hospital cafeteria. This program will be evaluated in January of 1966 to determine the efficacy of this type of food service for patients in the hospital. In May Mrs. Audry Graham resigned as Administrative Dietitian. Because of the major difficulties in recruiting professional dietitians, it was decided to abolish the positions of Administrative Dietitian and Head Cook and establish the position of Food Service Manager to assume the administrative and supervisory functions of both jobs.

Because of the expansion of the Housekeeping Department, the consolidation of the Housekeeping and Laundry Departments under a single department head has been abandoned. On March 1 Mr. Harold F. Smith resumed his former duties as Laundry Manager on a part-time basis and Mr. Edward J. Hanley was appointed Director of Housekeeping Services. Mr. Hanley served as Assistant Executive Housekeeper at Beth Israel Hospital and has had 5 years of experience in the housekeeping and sanitation field. The standards of cleanliness in the hospital have been reviewed during the year and adjustments made in personnel training, scheduling, and supervision. An additional supervisory position was established which has greatly improved intra- and inter-departmental communications.

The complement of the Medical Records Department continued to increase during the year. The position of Medical Record Reviewer was created to facilitate and integrate chart reviews by the department, by the Medical Records Committee, and by the psychiatrists in charge. Initial preparation has started for the absorption of the Outpatient Clinic records into the central Medical Records Department. Processing data for the charts has involved several changes recommended by the Medical Records Committee and implemented by the department.

Secretarial Service turn-over continued to be a problem during the first part of the year. The psychotherapy function was separated from the Secretarial Service and was set up as the Office of the Psychotherapy Program. The hall secretaries who were under the supervision of the Administrator's Office were placed under the supervision of the Secretarial Service Supervisor. Mrs. Eleanor Lukes resigned in July as Secretarial Service Supervisor and was replaced by Miss Blanche Gosselin who was promoted from the Administrator's office.

The ongoing program of evaluating and improving employee benefits continued during the past year. In October a new Master Medical Blue Cross contract was made available to permanent full-time and part-time employees with the hospital underwriting the cost of basic individual Blue Cross coverage. The hospital pension plan was updated with improved pension benefits. In addition, a tax-sheltered annuity program has also been made available to employees. Even though salary schedules are competitive with those of other hospitals in the Boston area, the hospital was faced with problems of recruiting and retaining many categories of employees. Labor shortages of personnel both skilled and unskilled, the location of the hospital, and personnel turnover contributed significantly to the problem. Through extensive newspaper advertising and utilization of local employment agencies and temporary manpower services serious shortages were averted. During the year 986 applicants were reviewed and 432 were employed.

At the Annual Service Pin Reception and Tea held in May, 71 employees were honored for length of service. This year special recognition was given to employees who had served the hospital for 25 or more years; 33 employees received this distinction and were awarded a special diamond service pin, an additional week of vacation, and an inscribed clock. Mr. Harry Oteri, who has served the hospital as its barber for 56 years, was presented with an inscribed scroll in recognition of his many years of dedicated service to the hospital. In addition 5 employees were rewarded with 20-year pins, 9 employees received 10-year pins, and 34 employees received 5-year pins. Miss Mary Isabelle Newton, Miss Sarah Robertson, and Miss Susie Thomas retired during the year raising the number of pensioners to 66.

In August Mr. Henry H. Harvey resigned as Assistant Administrator to accept the position of Assistant Director of Professional Relations with the Blue Cross Association.

Much has been accomplished during the past year. This report has attempted to summarize the major events that have taken place in the non-clinical services of the hospital. Plans for the next fiscal year include raising the hospital minimum wage and beginning starting salaries for registered nurses, establishing a disability insurance program for employees, setting up a transportation service for employees between the hospital and Waverley Square, completion of the DC to AC electrical conversion including the installation of emergency generators, continued upgrading of the physical plant through use of depreciation funds and expansion of the maintenance department, and the establishment of a master plan for the construction of modern hospital facilities.

The continued progress made during the past year could not have been achieved without the understanding of the Board of Trustees, the McLean Hospital Committee, and the Director of the Hospital. I wish to express the appreciation of the Administration to all department heads and personnel who through their loyalty and untiring efforts have met the varied demands of providing services to McLean Hospital and to all the patients the hospital staff is privileged to serve.

HENRY J. LANGEVIN
Administrator

McLean Hospital

BALANCE SHEET

September 30, 1965

ASSETS

Cash		$ 96,296.63
Accounts Receivable—Patients		
Current Period Billing	$305,095.16	
In House Accounts Overdue	181,084.90	
Discharged Accounts	195,250.07	
Total Accounts Receivable	681,430.13	
Less: Allowance for Doubtful Accounts	85,985.12	595,445.01
Accounts Receivable Outpatient Clinic		3,925.25
Accounts Receivable—Other		12,051.66
Inventories—Perpetual		33,795.29
Inventories—Non Perpetual		26,096.67
Prepaid Items		3,856.30
TOTAL ASSETS		$771,466.81

LIABILITIES

Accounts Payable	68,960.99	
Federal and State Taxes Payable	59,050.23	
Reserve for Workmen's Compensation	21,458.81	
Blue Cross-Blue Shield Premiums Payable	1,230.37	
Reserve for Funds Due Town of Belmont	—o—	
Deferred Income—Special Funds	65,818.70	
Reserve for Pensions—Special Funds	1,949.43	
Fiduciary Exchange Accounts	(452.92)	
TOTAL LIABILITIES		218,015.61

TREASURER'S EQUITY

Treasurer's Equity 9/30/64		628,882.58	
Add: Cash from Treasurer (Year to Date)		900,000.00	
Cumulative Depreciation (Current Year)		165,797.67	
TOTAL		1,694,680.25	
Less: Operating Surplus or (Deficit)	(130,157.31)		
Disbursements—Special Funds (Year to Date)	(698,619.14)		
Disbursements—Capital Additions	(312,452.60)		
Treasurer's Equity		(1,141,229.05)	553,451.20
TOTAL LIABILITIES AND TREASURER'S EQUITY			$771,466.81

McLean Hospital

OPERATING STATEMENT

	Current Year 9/1/64 8/30/65	*Previous Year* 8/30/63 8/30/64
	(365 Days)	(367 Days)
Patient Days	83,729	83,479
Average Daily Census	229	227
Percent of Occupancy	83	82
(Cap. 278 Beds)	83	82
INCOME		
Room and Care	$3,415,543.96	$3,218,429.00
Day Care	113,160.00	103,298.00
Night Care	13,763.00	14,274.50
Outpatient Clinic	31,740.00	7,030.00
Other Patient Income	653,253.44	613,729.00
Other Non-Patient Income	257,527.09	258,027.09
TOTAL OPERATING INCOME	$4,484,987.49	$4,214,787.59
DEDUCTIONS FROM INCOME		
Free Service—Inpatients	$ 287,085.82	$ 247,750.21
Free Service—Day and Night Care	14,693.75	10,757.75
Free Service—Outpatient Clinic	15,324.75	2,884.00
Free Service—Other	30,325.08	13,018.98
Courtesy Allowance	23,094.00	20,564.00
Provision—Doubtful Accounts	51,760.17	84,191.69
TOTAL DEDUCTIONS FROM INCOME	$ 422,283.57	$ 379,166.63
NET OPERATING INCOME	$4,062,703.92	$3,835,620.96
EXPENSES		
Salaries and Wages—Nursing	$1,327,487.63	$1,182,931.73
Salaries and Wages—Other	1,636,107.19	1,489,121.17
Supplies	452,163.73	452,368.48
Outside Services	335,027.38	312,045.10
Depreciation	165,797.67	146,326.95
Other Expenses	276,277.63	229,243.37
TOTAL EXPENSES	$4,192,861.23	$3,812,036.80
OPERATING SURPLUS OR (DEFICIT)	$ (130,157.31)	$ 23,584.16
Treasurer's Income	77,291.45	62,922.61
Less: Treasurer's Expenses	24,614.38	23,741.28
Net Treasurer's Income	$ 52,677.07	$ 39,181.33
NET SURPLUS OR (DEFICIT)	$ (77,480.24)	$ 62,765.49

Report of the Psychiatrist in Chief

THE PROGRAM OF PSYCHIATRIC, SOCIAL SCIENCE, AND PSYCHOLOGICAL RESEARCH

SINCE this report covers the period October 1, 1964, to October 1, 1965, it overlaps the last report period by about six months. The behavioral research activities, described in some detail in the last report, will be described here only briefly, describing the relatively few changes occurring in that six months' period. The other areas reported upon cover the whole year.

The hospital clinical program has continued at a very high level. The inpatient census has remained high throughout the year, and the patient discharge rate has been also very high. The hospital discharged about one and one-half times as many patients as its functioning bed capacity, a rate consistent with a very active treatment program, particularly when approximately one-fifth of the beds are devoted to the care of elderly patients and others who are likely to remain in the hospital for long periods. The number of patients under active treatment after discharge from inpatient status continues to rise progressively. The hospital's wide range of options available for the treatment both of new patients, and of patients improving and leaving, are all under active and profitable use; the needs of patients vary, and this trend toward recognizing particular types of needs, and developing the institutional arrangements to meet them, should continue. McLean should continue to meet its obligation as a private teaching hospital by experimentally leading the way.

The resignation of Samuel Silverman, M.D., as Director of Clinical Psychiatry, was met by the assumption of his duties by Alfred Stanton, M.D., and Paul Howard, M.D.; the major effect was primarily in the psychiatric and behavioral research program, as the clinical program was given the priority it demanded. Two valued staff psychiatrists, Lloyd Caplan, M.D., and John Clark, M.D., transferred their major activities to private practice, although continuing in part-time activity at the hospital. In the course of the year, three new full-time psychiatrists joined the staff—Harold Williams, M.D., Michael Robbins, M.D., and Mathew Ross, M.D., assuming active management of three major units of the inpatient service; this permitted the experimental assignment of James Haycox, M.D., an experienced hospital psychiatrist, to give a great deal of time to a ward caring for very long-term patients, and the strengthening of the Day Care service by the transfer of Peter Jenney, M.D., to this growing unit.

The Outpatient Department, created last year, has become increasingly important under the leadership of Jacob Christ, M.D. The Clinic, favorably housed in the building previously used for the hospital Director's home, has not developed simply another outpatient clinic, but has instituted a number of experimental practices of considerable interest. Each referral is handled in a highly individualized way, often in close working concert with the referring physician or agency, often with the family actively involved from the beginning. The Clinic has been a leading focus for the development of family therapy at the hospital.

The hospital's increasing number of adolescent and college student age patients, in both inpatient and outpatient service has brought with it major new problems. Questions about the setting of standards for behavior which currently beset college deans are multiplied in the psychiatric hospital with a population of some 50 or 60 youthful patients, often referred because of difficulties in adapting to external requirements. To what extent, and at what age, is children's rebellion against parental practices regarding smoking, hours out at night, and the like, handled by parental or by hospital practices? How are such matters worked out with parents as well as with patients and staff? In the expectation that this type of problem is only beginning for psychiatric treatment centers, plans were developed for creating a special adolescent program. Henry Wermer, M.D., joined the staff as its Consultant for Adolescent Psychiatry, to bring his long experience to bear in the practice of the hospital. Irving Kaufman, M.D., and Edward Daniels, M.D., both highly experienced in this area, will work with him. This group should considerably strengthen the hospital's program in an area where it will be particularly valuable.

It is hard to overestimate the importance for these programs and the spirit which accompanies the hospital's active educational program, and its affiliation with Harvard Medical School. This has been progressively stronger under the recent leadership of Alan Stone, M.D., whose scholarly abilities and clinical skill are brought to bear in his interest in the organization and practice of teaching. The resident program has grown in size and depth under his leadership, and he has recently assumed responsibility for organizing the program for the Harvard medical students. In spite of the striking recent decrease in time available for teaching psychiatry in the curriculum, the number of students involved at McLean has considerably increased. Clinical opportunities, participation in treatment under careful supervision, research activities, all draw a quota of students.

A new program for internes in psychology, reported elsewhere, and the social science students active on hospital research projects, add to the educational activities at the hospital. The student teachers at the Arlington School develop a primary identity with the school, and are less closely involved with the other students at the hospital, but represent a significant contribution of the hospital to the mental health program of the state.

The behavioral research activity at the hospital continued during the intervening six months as reported. Norbett Mintz, Ph.D., and Sophie Mintz, Ph.D., have started their study of birth order in childhood schizophrenia. Rose Coser, Ph.D., has brought her study of the development of residents to a substantial conclusion and has assumed the responsibilities of a major appointment at Northeastern University; the change will mean a decrease in her time available at the hospital, but she will continue with some research activity. The unavailability of senior academic appointments for behavioral scientists within the medical school faculty poses serious problems to the mature social scientist who is interested in active research within the medical area, and to the hospital which tries to develop a stable research program in this area. If the hospital is to fulfill its potential as a teaching center in psychiatry, its research activity in the behavioral area—the area with which its resident and staff psychiatrists spend most of their energies—will need to keep pace with its highly developed programs in teaching, in clinical practice, and in biological research. It is not now doing so.

Alfred H. Stanton, M.D.
Psychiatrist in Chief

Report of the Associate Director of Clinical Psychiatry

PATIENT-STAFF COMMUNITY

THE voluntary contributions of patients to hospital activities and to the work of the hospital have been the subject of this annual report for some years. This hospital, like all others, has a therapeutic intent, and reports are made annually on the progress of the departments. But the administrative breakdown into departments of the efforts of therapy does not describe the intricate and collaborative teamwork that necessarily occurs between the several specialties if treatment is to be effective. Psychological healing between the patient and his fellow man can be observed from specialty points of view (nursing, psychology, etc.), but, as an event experienced by an individual, it requires the influence of an integrated social team.

Specifically we can recognize the continuance of and elaboration of previous lines of development of patient voluntary activity. There has been the patients' work program, wherein about 50 patients work voluntarily in the hospital job structure and, thus, join with community volunteers. This has been under the leadership of the several administrative department heads who are increasingly seeing themselves as part of the therapeutic hospital and who direct these patients at work. There has been the patients' work "crew", a kind of task force for the service departments led by one staff person. The varieties in the whole program of work are considerable—from fence painting to computer programming, from flower raising to receptionist, from counterboy to publicity worker. Vocational rehabilitation counselling for outside jobs has grown. Work is also done closer to home in the sense that most patients now care for their own living areas and on four halls doing cooking or "kitchen police", some in picnic style, and this local responsibility is now extending into social areas. Hall meetings run in a variety of styles according to local ingenuity and bring forth patient opinion in debate with the staff so that the sense of responsibility is also assumed by patients. A social event, the "opening" (vs. locking) of the hall doors, or an annoying habit may be considered. (Old style mental hospitals deposited responsibility for behavior, especially disturbed behavior, entirely in the hands of the staff and in the name of authority left the patients voiceless). On the general scene, the Patient-Personnel Conference has continued to give opinion concerning points in our community life. The Patients' Activities Committee has continued to work, but complex hospital-wide organization is not as congenial an area for the patient as is hall-centered activity, so leadership in general activities has been assumed by the Activity Therapies Department.

Patients' originality has developed editorship and writing in "The Mirror," a weekly patients' pamphlet published by them for the library, and particularly the poetry has been of literary interest. "The Mirror" has never been censored except by literary standards, but some problems have required the Editorial Board's mature judgment. Staff-patient interaction in the whole library has been valuable.

The vast province of interpatient reaction, together with some influences which can be made by the staff, has been the subject of social science investigation, as well as the daily concern of the clinician. We can appreciate only a few of the influences of the Coffee Shop or of a basketball game on patient morale.

An innovation by the Dietary Department, having a favorable effect on community life, has been the weekend serving of food to the patients in the general cafeteria instead of their own dining rooms. The dietary's aim is a greater choice of better prepared foods, but there is an incidental social benefit, The advantage of the cafeteria will not prevent some work with food by patients on their own halls or in the cafeteria itself.

The staff has tried to think of the best kind of community influence for each patient and how to make this available for his interest. Usually there are changes in the patient's family thinking which can be brought about by social work—gone are the days of disinterested families. Organizations have been improved and guided by group social workers: the Adult Social Group, the Young Adult Lounge, and group work has started on one hall. Patients revive their academic ability in the Arlington School and earn high school credits. There is group therapy and family therapy, not only for inpatients, but also for outpatients. The Day Care Center has its special group aspects. The Activity Therapies Department has a very large program of cultural, social, and athletic activities and is alert to both group and individual values. Physicians and nurses continually review each patient and try to help their programming. Activity planning at the hospital is enjoying an important modification as the different specialties are increasingly leaving the isolation of their offices. They go to the hall where the patient resides to do with other staff the sensitive, fluent, interdisciplinary communication required to care for each enigma of pathological behavior or of undeveloped personal talent.

Although the hospital treats patients with varied religious, cultural, and moral backgrounds in an age of some anxiety and cynicism, it does not fail as a community to bring into operation many high ideals of personal health and social expectation. These are the external expressions of richness in personal life and include matters such as concern for a broad justice, increase in responsivity towards others as they are, tempered affection for much in ourselves and in the world, a love of beauty and accomplishment, and the establishment of democratic groups affording personal dignity. Though each patient has fixations from his own past and his own problems, he can grow into our patient-staff community according to his interest.

The hospital community extends its appreciation to a Board of Trustees who make possible and encourage our efforts.

PAUL M. HOWARD, M.D.
Associate Director of Clinical Psychiatry

Report of Hospital Population and Statistics

1964-1965

THE accompanying tables (I through III) give the annual attempt to feel the pulse of the hospital through observing the flow in and out and the hospital population at the beginning and end of the year. Several points seem noteworthy.

1. The total number of patients treated continues to advance even though the number of patients in the hospital remains steady. The increase is made up of patients on visit, i.e. under treatment but resident outside the hospital. Over the years this category of patient has increased dramatically in number.
2. The long-term trend toward an increase in patients 20 and under has resumed. Last year there was a slight decline, but this year this is reversed. Over a five year period this age group has increased from 6% to the present 23%.
3. Despite the considerable flow into and out of the hospital the ratio of males to females remains quite constant, with females leading 2 to 1. While this ratio prevails with the hospitalized population, males and females are much more nearly equal among admissions and discharges. The sex ratio also shifts by age group. Beginning in the age group 31 to 40, females are markedly predominant in both the year-end counts and in admissions-discharges. Thus, to the extent that the under 30 age groups continue to increase, the nearer the hospital will come to having a balanced sex ratio.
4. In terms of previous hospitalization experience, about one-third of admissions have been patients at McLean Hospital before, while somewhat more are experiencing their first admission to any hospital and somewhat less have been previously hospitalized elsewhere. These groups differ in age, sex, diagnosis and from where they are admitted. It appears, then, that McLean Hospital serves several different categories of patients.
5. The length of stay of discharged patients has remained stable for the past four years. During that period more than 85% of patients discharged had been in the hospital for less than a year.

This was a dramatic increase over the year 1959-1960, when 47% of discharges occurred within the equivalent time period. The stability of the years since 1960 suggests that McLean may be functioning near the optimal length of hospital stay. In less time, the treatment may not be accomplished; in more time, the effects of institutionalization may become prominent.

Norman W. Bell, Ph.D.
Associate Sociologist and Chief,
Social Science Department

McLEAN

TABLE I — PATIENT POPULATION 1964 -

CHARACTERISTIC		Beginning of Year October 1, 1964				Admitted During Year			
Total Number		In Hospital — 224 On Visit — 34		258				385	
SEX	Male	39%				43%			
	Female	61%				57%			
AGE		**Male**	**Female**	**Total**	**% of Total**	**Male**	**Female**	**Total**	**% of Total**
	13-20	24	25	49	19	51	38	89	23
	21-30	32	31	63	25	51	49	100	26
	31-40	9	25	34	14	19	54	73	19
	41-50	10	16	26	10	20	40	60	16
	51-60	8	16	24	9	12	20	32	8
	61-70	10	14	24	9	4	11	15	4
	71-80	6	13	19	7	6	8	14	3
	81-Up	3	16	19	7	1	1	2	1
		102	156	258	100	164	221	385	100
DIAGNOSES									
Acute Brain Syndrome		1	0	1	*	1	6	7	2
Chronic Brain Syndrome		11	21	32	13	7	5	12	3
Mental Deficiency		0	0	0	0	0	0	0	0
Involutional Psychotic Reaction		0	3	3	1	3	3	6	2
Affective Reaction		1	11	12	5	18	22	40	10
Schizophrenic Reaction		59	74	133	52	62	87	149	39
Paranoid Reaction		1	2	3	1	0	0	0	0
Psychophysiological Reaction		0	1	1	*	1	2	3	1
Psychoneurotic Depressive Reaction		5	9	14	5	24	27	51	13
Personality Disturbance		14	29	43	17	41	64	105	27
Transient Situational Personality Disorder		10	6	16	6	7	5	12	3
		102	156	258	100	164	221	385	100

*Less than 1%

HOSPITAL

1965 BY SELECTED CHARACTERISTICS

Discharged During Year				Remaining at End September 30, 1965				Change During Year			
			366	In Hospital — 225 On Visit — 52			277			+ 1 +18	+19
45%				36%						— 3	0
55%				64%						+ 3	
Male	**Female**	**Total**	**% of Total**	**Male**	**Female**	**Total**	**% of Total**	**Male**	**Female**	**Total**	**% of Total**
43	30	73	20	32	33	65	23	+8	+ 8	+16	+4
52	47	99	27	31	33	64	23	—1	+ 2	+ 1	—2
19	48	67	18	9	31	40	14	0	+ 6	+ 6	0
23	37	60	16	7	19	26	9	—3	+ 3	0	—1
15	17	32	9	5	19	24	9	—3	+ 3	0	0
7	11	18	5	7	14	21	8	—3	0	— 3	—1
6	9	15	4	6	12	18	7	0	— 1	— 1	0
0	2	2	1	4	15	19	7	+1	— 1	0	0
165	201	366	100	101	176	277	100	—1	+20	+19	0
1	5	6	2	1	1	2	1	0	+ 1	+ 1	+1
9	8	17	5	9	18	27	9	—2	— 3	— 5	—4
0	0	0	0	0	0	0	0	0	0	0	0
3	4	7	1	0	2	2	1	0	— 1	— 1	0
14	22	36	10	5	11	16	6	+4	0	+ 4	+1
67	79	146	40	54	82	136	49	—5	+ 8	+ 3	—3
1	0	1	*	0	2	2	1	—1	0	— 1	0
0	0	0	0	1	3	4	2	+1	+ 2	+ 3	+2
20	25	45	12	9	11	20	7	+4	+ 2	+ 6	+2
42	54	96	26	13	39	52	18	—1	+10	+ 9	+1
8	4	12	4	9	7	16	6	—1	+ 1	0	0
165	201	366	100	101	176	277	100	—1	+20	+19	0

TABLE II — ADMISSIONS 1964-1965
BY PREVIOUS HOSPITAL EXPERIENCE, SEX AND RELATED OTHER CHARACTERISTICS

	1st to Any				*1st to McLean*				*Readm. to McLean*				*Total Admissions*			
SCHEDULE A: SOURCE	M	F	T	%	M	F	T	%	M	F	T	%	M	F	T	%
Home	32	53	85	60	20	21	41	36	29	49	78	60	81	123	204	53
General Hospital	12	7	19	14	5	8	13	11	2	6	8	6	19	21	40	10
Psychiatric Hospital	0	0	0	0	16	24	40	35	0	2	2	2	16	26	42	11
Other	18	20	38	26	10	10	20	18	20	21	41	32	48	51	99	26
Total	62	80	142	100	51	63	114	100	51	78	129	100	164	221	385	100
		(37%)				(30%)				(33%)				(100%)		
SCHEDULE B: DIAGNOSIS																
Acute Brain Syndrome	1	0	1	1	0	0	0	0	0	6	6	5	1	6	7	2
Chronic Brain Syndrome	4	4	8	6	1	1	2	2	2	0	2	2	7	5	12	3
Involutional Psychotic Reaction	2	1	3	2	0	1	1	1	1	1	2	2	3	3	6	2
Affective Reaction	6	6	12	8	2	8	10	9	10	8	18	14	18	22	40	10
Schizophrenic Reaction	22	26	48	34	21	31	52	46	19	30	49	38	62	87	149	39
Paranoid Reactions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Psychophysiologic Disorders	0	1	1	1	0	0	0	0	1	1	2	2	1	2	3	1
Psychoneurotic Reactions	15	9	24	17	6	6	12	10	3	12	15	11	24	27	51	13
Personality Disorders	9	30	39	27	17	14	31	27	15	20	35	26	41	64	105	27
Transient Situational Personality Disorders	3	3	6	4	4	2	6	5	0	0	0	0	7	5	12	3
Total	62	80	142	100	51	63	114	100	51	78	129	100	164	221	385	100
		(37%)				(30%)				(33%)				(100%)		
SCHEDULE C: AGES																
13 — 20	28	21	49	35	13	11	24	21	10	6	16	12	51	38	89	23
21 — 30	11	17	28	20	22	14	36	31	18	18	36	28	51	49	100	26
31 — 40	7	19	26	18	9	18	27	24	3	17	20	16	19	54	73	19
41 — 50	8	7	15	10	2	9	11	10	10	24	34	26	20	40	60	16
51 — 60	1	6	7	5	4	8	8	7	7	10	17	13	12	20	32	8
61 — 70	3	4	7	5	0	6	6	5	1	1	2	2	4	11	15	4
71 — 80	3	5	8	6	1	1	2	2	2	2	4	3	6	8	14	3
81 — Up	1	1	2	1	0	0	0	0	0	0	0	0	1	1	2	1
Total	62	80	142	100	51	63	114	100	51	78	129	100	164	221	385	100
		(37%)				(30%)				(33%)				(100%)		

McLEAN HOSPITAL

TABLE III

DISCHARGES 1964-1965

BY SEX AND SELECTED OTHER CHARACTERISTICS

DESTINATION	Male	Female	Total	%
Home	108	147	255	70
Psychiatric Hospital	18	20	38	10
General Hospital or Nursing Home	2	6	8	2
School	2	1	3	*
Foster Home	10	6	16	4
Deceased	2	5	7	2
Other	23	16	39	11
Total	165	201	366	100

CONDITION	Male	Female	Total	%
Recovered	3	7	10	3
Much Improved	29	39	68	19
Moderately Improved	55	54	109	30
Slightly Improved	40	55	95	26
Unimproved	35	39	74	20
Worse	1	2	3	*
Deceased	2	5	7	1
Total	165	201	366	100

LENGTH OF HOSPITALIZATION	Male	Female	Total	%
1 — 10 Days	23	19	42	11
11 — 30	21	40	61	17
31 — 90	49	63	112	31
91 — 365	53	51	104	28
1 — 2 Years	11	18	29	8
2 — 5	8	9	17	5
5 — & over	0	1	1	*
Total	165	201	366	100

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* Less than 1%

Report of the Patient Education Department

ARLINGTON SCHOOL

THE Arlington School continued to grow during the academic year 1964-1965. The school was newly renovated through funds provided partly by the hospital and partly by an institutional grant made by the Ford Foundation in 1958. This was the first academic year in the new quarters which proved to be an excellent setting for learning. More students attended, more teachers joined the staff and the college preparatory curriculum offered a variety of subjects which not only met the immediate educational needs of the students, but also gave continuity towards their long-range objectives.

High School Program

Between 25 and 30 students were enrolled in the college preparatory program. A number of these were able to return to public or private schools, having been able to continue their schooling while hospitalized. Nine seniors successfully completed the credit requirements for a high school diploma, five took the College Entrance Examination Board's Scholastic Aptitude Tests, three took the Achievement Tests and five were accepted by colleges.

The library continued to expand, its major acquisition being 100 volumes which were made available by the Carl A. Weyerhaeuser Fund.

Special Services

The guidance and counseling services of the school have been continued. Any patients looking for information about educational opportunities have been free to take advantage of these services. For college students, a non-credit college course and a number of special tutorials were arranged on request.

In-Service Teacher Training

The faculty met in weekly seminars with Lloyd Caplan, M.D., and with Thomas Frank, M.D., both members of the McLean Hospital

Staff. These seminars provided the opportunity for the faculty to relate the educational process with the problems of emotionally disturbed adolescents.

Research

The McLean Hospital received a grant of $61,000 from the Department of Health, Education and Welfare, U.S. Office of Education, Division of Handicapped Children and Youth, Research and Demonstration Branch. This grant is to finance a project entitled, "Improving the Education of the Emotionally Disturbed Adolescents Through the Educational Cadre as a Diagnostic, Teaching and Research Instrument." The principal investigators are Helen Kenney, Ed.D., Associate Psychologist, McLean Hospital and Research Associate in Psychology, Harvard Medical School; William C. Kvaraceus, Ed.D., Research Associate in Education, McLean Hospital, and Professor of Education, Tufts University; and Francis de Marneffe, M.D., Director, McLean Hospital.

Staff

Mr. John F. Dunn was appointed Headmaster of the Arlington School to replace Miss Ellen Riordan who left in July, 1965.

JOHN F. DUNN, M.A.
Headmaster, Arlington School

Summary of Student Enrollment, Curriculum, Faculty
High School Program

	Fall Semester 64	Spring Semester 65	Summer Semester 65
No. of Students	27	29	16
No. of Courses			
Regular Classes			
English	2	2	1
French	–	–	–
Spanish	1	1	–
Mathematics	1	3	1
Science	2	2	2
History	2	2	–
Art	1	–	–
Typing	1	–	–
Physical Ed.	1	1	–
Full 7th Grade	–	–	1
TOTAL	11	11	5
Tutoring			
English	4	1	2
French	2	1	3
Spanish	4	2	1
Russian	2	1	–
Hebrew	1	1	–
Botany	1	1	–
History	3	1	5
Mathematics	3	3	2
Typing	–	2	1
Linguistics	–	1	–
Italian	–	–	1
TOTAL	20	14	15
NUMBER OF FACULTY			
Full-time	4*	4*	4*
Part-time	7	7	1
Tutors	12	20	9
TOTAL	23	31	14

* — Includes Director of School

Report of the Director of Internal Medicine

ONE important indicator of the nature, but not necessarily the quality, of treatment in a mental hospital is to be found in the statistics of the Pharmacy. In 1963 the number of prescriptions filled was 5,675 greater than in 1962. In 1964 the increase was approximately of the same magnitude, i.e., 5,542. In 1965 the increase was more than twice as great, amounting to 12,786, and bringing the total number to 49,552 (approximately 155 per working day). This remarkable total not only evokes astonishment over the continued smooth functioning of a Pharmacy not planned for this pace, but also raises questions concerning the reasons for the great increase. A quick survey indicates that little or no increase in the prescribing of vitamins, antibiotics, and psychic energizers occurred in 1965. Great increases occurred in the giving of the anti-psychosis drugs and tranquilizers. The amount of this change is so striking as to suggest a change in the prevailing ideas about the nature of mental diseases and more particularly about how these disorders are to be treated. A study of the phenomenon might, however, reveal that there has been no conscious recognition of any such change in the prevailing ideas and that the increased use of the drugs in question is owing to the operation of unconscious factors. If this is so then a study in depth is surely worthwhile. In the meantime it is important to extend to the Pharmacy Department, under Mr. George R. Zager, all the appreciation and praise it deserves for keeping up with the extraordinary and constantly increasing demands put upon it.

Despite the great increase in the use of the drugs in question there has been no increase in the complications they sometimes cause, which surely is an indication of the care with which they are prescribed. The two most common untoward reactions of the drugs, i.e., constipation and Parkinsonian manifestations, account for the large amounts of remedies against these disorders that have to be dispensed by the Pharmacy.

What statistics can never show, and often not even suggest, is the manner in which treatment is chosen and administered. However the other information that is available in this regard shows that the physicians who participate in the activities of this Department, Hershel Jick, M.D., Lloyd Potter, M.D., and Dennis Slone, M.D., continued in 1965 their seemingly effortlessly but clearly successful fight against the ills to which the flesh, if not the spirit, is heir. The Clinical Laboratory, Miss Brenda Senior, Technician, also shows in its statistics certain interesting trends. Whereas urine analyses and blood counts vary in number with the patient census, there has been a steady rise in the number of blood chemical measurements ordered by the staff. This increasing reliance on laboratory tests is a phenomonon that characterizes all of American medicine and is said to indicate that the quality of medicine is continually rising. One statistic of the Clinical Laboratory is worthy of comment: Bacteriologic studies ordered are consistently few in number. The relative freedom from infection manifested by the patients here is an indication of the quality of their care, but it also should be noted that certain biochemical studies suggest that psychotic persons synthesize an antibiotic within themselves. The latter fact would not of course explain the good health of the staff.

The number of roentgenographic examinations made each year seems to have become stabilized at approximately 1,450; the number in 1965 was 1,434. As in the past, the chest roentgenograms comprised the greater number, totaling 1,002 in 1965. It should be noted that 65% of these were made on employes; the patients' roentgenograms exceeded those of employes with reference to the gastrointestinal tract and the skeleton. The X-Ray Department, under Majic S. Potsaid, M.D., and with Mr. Herbert A. Davidson as its veteran technician, exceeds all other divisions (except of course the Employes' Clinic and the Employes' Cafeteria) as regards its importance in providing the Hospital with a corps of healthy, and perhaps happy, employes. Nevertheless it is as an adjunct in the care of the patients (many of whom are uncooperative until they reach the X-Ray Department) that it makes its major contributions.

MARK D. ALTSCHULE, M.D.
Director of Internal Medicine

Report of the Director of Research in Clinical Physiology

THE educational activities of the Laboratory Staff increased in 1965. In addition to the two conferences with each group of students (every three weeks) weekly seminars were held in which the physiologic, biochemical, and pharmacologic aspects of emotional and mental disorders were discussed with the Residents in July, August, September, and October. A few of the Residents attended, but it was not possible to award the traditional prize for perfect attendance to any of them. However the physicians who felt the need for information regarding these matters came in for informal consultations as usual on about 150 occasions during the year.

The work on aminochrome metabolism, which is the main activity of the Laboratory, became accelerated in 1965 owing to a generous donation by Mrs. Dorothy Shorr of New York City and a grant from the American Schizophrenia Foundation. The Laboratory now benefits from the chemical knowledge and skills of Mr. Zoltan L. Hegedus. A study of aminochrome metabolism has been begun on patients and their families at the Children's Hospital owing chiefly to the interest of Dr. William Berenberg. Mr. Joseph N. Giancola was re-employed in connection with this and other projects and once again he is engaged in convincing frightened patients of all ages, and their more apprehensive ostensibly normal parents to cooperate. The staff of the Metropolitan State Hospital deserve thanks for their remarkably enthusiastic cooperation in making possible certain studies that could not be carried out at McLean Hospital.

MARK D. ALTSCHULE, M.D.
Director of Research in Clinical Physiology

Report of the Director of Scientific Research

DURING 1965, a number of members of the Laboratory staff left as scheduled. In May, Jeanna Levinthal, Ph.D., moved to Villejuif, France. Charles Still, M.D., moved to Columbia, South Carolina. Robert Scoggins, M.D., moved to the Medical College of Virginia in Richmond in early July. Samy Frenk, Ph.D., returned to the University of Chile in November.

Four new people have joined the staff during the year. Lucila Autilio, Ph.D., an Argentine chemist trained at Einstein College of Medicine joined the staff in January as Assistant Biochemist. In July, Arnold Schecter, M.D., began a five-month stay by arrangement with the Department of Medicine of the M.G.H. Norman Bass, M.D., joined the staff in August as a U.S.P.H.S. Fellow. In September, Ambika Tolani, Ph.D., on a post-doctoral fellowship of the National Multiple Sclerosis Society, joined the staff. Finally, two Clinical Fellows in Psychiatry, Samuel Barondes, M.D., and Harvey Shein, M.D., also participated in the work of the Laboratory.

With these and other changes the Research Laboratory staff comprised at the end of 1965, 15 professional people, 12 research assistants, 3 laboratory assistants, 3 secretaries, 2 graduate students and one photographer—a total of 36 people, representing a decrease of two persons from the level at the end of 1964.

During the year, the laboratory received grants-in-aid totalling $377,677 from the following sources: $347,185 from the National Institutes of Health, $17,157 from the Air Force, $9,030 from the American Heart Association, and $4,305 from the Scottish Rite Committee on Research on Schizophrenia.

Of the funds received, the Air Force grant is for use during the calendar year 1966. An additional $39,000 has been available, this being one-half of a two-year grant for $78,000 received in December 1965, and about $20,000 has been spent of the original Ford Foundation Grant for the "Study of the Dynamic Equilibrium of Brain Structural Components". Hence, the actual contribution to current expenses has been $377,677 — 17,157 + 39,000 + 20,000 = $419,520. This compares with $264,002 used during 1964. This substantial increase corresponds to expansion of the program of study of Brain

Lipids and Proteolipids, of the Biophysical Studies program, and of the initiation of Dr. Chaim Mayman's work.

The scientific work carried out during the year was reviewed by the Advisory Committee on January 21, 1966. It is summarized below under three different headings, namely, *Biochemical Studies,* prepared by the undersigned; *Neuropathological Studies,* prepared by Alfred Pope, M.D.; and *Biophysical Studies,* prepared by J. David Robertson, M.D., Ph.D.

BIOCHEMICAL STUDIES

The work during the year has continued to deal with the biochemistry of brain tissue, especially its structural components, their synthesis and catabolism, and their relation to function. It has reflected an increasing emphasis upon the establishment of actual events in the living tissue, and on the study of pathological conditions without neglecting the study of isolated systems and components. It has been concerned specifically with the purification of proteolipids, their physical and chemical properties, their biosynthesis, their reactivities towards biogenic amines; with proteolipids of non-neural tissues; with the polyphosphoinositides that are bound to proteolipids by strong bonds and the possible enzyme systems involved in the metabolism; with the chemistry of isolated myelin, especially the nature of their protein components; with the isolation and characterization of other brain proteins; with the isolation, characterization, structure and metabolism of glycolipids both in normal brain tissue and in the lipidosis; with the characterization and properties of gangliosides, and with their biosynthesis; with the biosynthesis of lipids, in brain and kidney; with the biochemistry of inositol, the mechanism of its active transport in kidney; with the continuing study of chemistry of brain development; and with the possible chemical counterparts of learning and experience.

In the case of proteolipids, Miss Davita Tenenbaum has further refined her method for the preparation of "water-soluble" proteolipid protein.

Lewis Mokrasch, Ph.D., has further developed a simple and rapid method for the purification of proteolipids by precipitation from chloroform-methanol solutions by addition of diethyl ether or petroleum ether. The method, especially suitable for use in metabolic studies, yields in a few hours proteolipid preparations of purity comparable to those obtained after several days dialysis, i.e., with ca. 80% protein content. The study of optimal conditions has shown that this type of precipitation may eventually permit the application of phase rule to the study of proteolipids. In preliminary observations of this type using petroleum ether as precipitant, proteolipids appear to behave as single entities.

Doctors Mokrasch and Tolani have continued earlier work on incorporation of precursors in rat brain subcellular fractions. They have found that the crude mitochondrial fraction can be separated by ficoll or sucrose density gradients, into subfractions which incorporate 14C amino acids and 32P in reproducible patterns. As regards incorporation into proteolipids, myelin shows the lowest activity, and a subfraction rich in nerve endings, the highest. The true mitochondrial fraction exhibits the highest specific activity (cpm/mg) both as regards incorporation into proteolipids and into other proteins. Generally speaking, the activity of the starting crude fractions is higher than that of the subfractions, i.e., the subfractions obtained after incubation of the mother fraction with precursor have higher specific activities that are obtained by incubating each isolated subfraction with the precursor. The true mitochondrial fraction shows the opposite pattern, i.e., it incorporates precursor more actively after isolation than it appears to do when part of the mother fraction.

Last year it had been found that tryptamine and some other amines were incorporated in proteolipids in aqueous media in apparently chemical linkage by a time dependent reaction which was inhibited by some chemical analogues of tryptamine, and was suppressed by heating the proteolipids to 100° for 1 min. The reaction appeared to be non-enzymatic. The continuation of these studies show it to be most likely non-enzymatic, to increase with increase in pH up to 8.6, above which value denaturation of the proteolipid occurs, and the denatured material continues to incorporate amine, at a rate which increases with further pH increases. The rate of incorporation increases with increase in amine concentration. It increases with increase in proteolipid concentration up to 1%, beyond which it first levels off and then decreases, presumably because of the thickness of the emulsion. Serotonine, dimethyltryptamine, mescaline do not appear to compete with tryptamine, the first in contradiction to previous reports. Mescaline and histamine also incorporate in proteolipids. The competitive inhibition of incorporation by other amines undoubtedly exists but may offer a more complex picture than had been surmised from earlier observations. The effects of various mildly hydrolytic agents, and increases in ionic concentration, are not uniform on the respective incorporations of tryptamine, mescaline and histamine, and suggest that the type of binding may not be the same for the different amines. In the case of tryptamine incorporation, the loaded proteolipid can be split with pronase with release of free tryptamine. However, if products of partial hydrolysis are separated by dialysis, various tryptamine containing fractions are obtained, presumably representing peptide-tryptamine compounds.

Joseph Eichberg, Jr., Ph.D., prepared proteolipids from beef heart and kidney, by diethyl ether precipitation (V.S.) and found that they contained cardiolipin, as most tightly bound lipid. Cardiolipin, a polyanion, probably plays in these proteolipids the same function that triphosphoinositide, another polyanion, plays in brain proteolipids.

In an investigation of enzyme systems possibly involved in the metabolism of proteolipid bound triphosphoinositide (TPI) Dr. Eichberg found that purified beef and guinea pig myelin degrade triphosphoinositide with production of a water soluble inositol triphosphate. The activity was stimulated by cetyl trimethyl ammonium bromide and inhibited by EDTA (10^{-3}M). It could not be solubilized. Since this TPI phosphodiesterase activity of myelin represented less than 1/10 of the activity of brain homogenate, the possibility remains that enzymatic material may represent contamination, not an action of myelin itself. Myelin exhibited little or no TPI phosphomonoesterase activity. In a related study, the amounts of di- and tri-phosphoinositides were found to increase with age, as had been found earlier for phosphatido-peptides. Also, it was found that the observed rapid partial post-mortem destruction of these compounds at room temperature did not seem to affect the specific activities of incorporated 32P, a finding that would contradict the hypothesis of the presence of two metabolic pools of polyphosphoinositides of differing lability.

Dr. Autilio, in a study of isolated myelin, confirmed her earlier finding that essentially all of myelin protein is soluble in chloroform-methanol, i.e., is proteolipid in nature, by definition. However, she has established that classical proteolipid accounted for only 55 to

65% of myelin protein. The balance includes a protein indistinguishable from the EAE antigen isolated by Marian Kies, Ph.D., and also the basic pure protein fraction isolated in this laboratory by Russell Martenson, Ph.D. In addition, a third protein, corresponding to the classical neurokeratin, may be present.

Dr. Martenson, completed his isolation and characterization of the glycinerich, basic protein which has turned out to be indistinguishable from the EAE antigen of Kies and from one of the fractions isolated from myelin by Autilio. It is hoped that upon return of his present stay in England, Dr. Martenson may be able to resume his promising work on water soluble brain proteins.

Doctors Pierre and Anne Stoffyn's group have continued their study of brain glycolipids in health and in disease. They established that the chromatography on charcoal which yields fairly pure sulfatides quantitatively produces no molecular rearrangement in sulfatides. An interesting by-product of the work has been the finding that sulfatides in emulsion in water can be removed almost completely by simply stirring charcoal in the solution and then collecting it by filtration or centrifugation. From the collected charcoal, sulfatides can be recovered with chloroform-methanol-ammonia.

As the beginning of a long range program of study of the biochemistry of sulfatides, a major part of their effort has been invested in the synthesis, by unequivocal means of galactose 3- and 6-sulfates. Both substances will be tools of great usefulness as precursors and/or substrates of sulfatases and sulfatidases, in the study of the structure and the metabolic pathways of sulfatides. This is especially true of galactose 3-sulfate which hitherto has not been available, and which assumes great importance in view of the demonstration that, in sulfatides, the sulfate residue is in position 3 of galactose. The major steps in the way of synthesis selected have already been accomplished. A by-product of the work has been an improvement of the method of Hakomori for methylation so that complete methylation and good yield of product are now feasible. The same principle has been applied to develop a simple method for benzylation using benzyl bromide in the presence of dimethylsulfinyl carbanion.

Michael Malone, M.D., in the same group, has studied the sulfatides and cerebrosides of brain and kidney in metachromatic leukodystrophy (MLD). He has found that the sulfatides accumulated in MLD have the structure of the sulfatides of the normal tissues. They are both 3-sulfate esters. Traces of glucose found in kidney sulfatides most likely correspond to the presence of small amounts of ceramide dihexoside sulfate which has been recognized in kidney tissue. The fatty acid composition of cerebrosides and sulfatides differ from brain to kidney, the latter being characterized by the presence of large amounts of behenic acid. Dr. Malone has prepared water-soluble proteolipid from human brain, by the technique of Miss Tenenbaum. He has found it to have an aminoacid composition indistinguishable from that of the starting proteolipid, an observation that parallels the findings with beef brain material. In an interesting chance observation, the human material has been found to produce EAE in 3 out of 3 rabbits at a total dose of 0.5 mg. when injected in the foot pads with Freund's adjuvants, although the disease developed later than that produced by total tissue.

Mr. Richard Quarles has continued his careful study of the properties of gangliosides. He has concentrated on the nature of the protein or large peptides that seem to accompany ganglioside preparations and which have been claimed to contain GABA in undialyzable form and to play a role in determining the highly reproducible micellar size of gangliosides in aqueous condition (250,000). He has found that GABA in ganglioside preparations is dialyzable under proper conditions of retentate-diffusate volume ratios, and of duration of dialysis, which suggests that if GABA is combined, it must be in a peptide of a size small enough to dialyze. He has observed that the amount of peptide, or protein, accompanying gangliosides increases with the polarity of the extracting mixture. This protein or peptide appears to fall operationally into three fractions: one easily removed by physical procedures such as precipitation at dry ice temperature; a second one which is removed by chromatography on cellulose; and a third one, which is the only one to contain GABA. It remains in the ganglioside preparation even after fairly drastic treatment and may be part of a native protein-ganglioside complex. The most easily removed affects the behavior of gangliosides in the biphasic system chloroform: methanol: water 8:4:3 v/v/v in which gangliosides alone remain in the upper phase and, with certain concentrations of Ca, pass to the lower phase; this protein fraction makes the ganglioside accumulate at the interface and it also nullifies the effect of Ca, two actions that other proteins, such as albumin, do not appear to have. Finally, Mr. Quarles has found that the effect of Ca on gangliosides requires the presence of small concentrations of sulfatides or, possibly, other acidic lipids.

Dr. George Hauser's group has continued its study on inositol and other carbohydrate moieties of lipids. They have extended their studies on the capacity of the developing rat brain to synthetize different lipids from glucose-U-^{14}C. They have confirmed their earlier conclusion that the capacity of brain to synthetize cerebrosides and gangliosides is maximal in the first few days of life; brain slices of young animals also produce free inositol of higher specific activity than at later ages but the ability to incorporate inositol in phosphoinositides shows the reverse trend. Incorporation into phosphatide glycerol parallels that into free inositol but at a higher level.

In kidney slices, both glucose and glycerol can act as competitive precursors for inositol biosynthesis, glucose being by far the most efficient. Glucose appears to be transformed into inositol without cleavage of the carbon chain, and glycerol appears to proceed to inositol via glucose, thus competing with glucose as a precursor by a sparing mechanism.

The study of the possible energy dependent active transport of inositol from blood into kidney that was recognized last year has confirmed that endogenous energy sources suffice, and that added substrates have no effect; metabolic inhibitors and uncoupling agents have consistent effects, essentially as anticipated. Some metabolic competitors that have been tested have not been especially effective. The study of the effect of ionic composition has confirmed the essential Na^+ requirement. It is inhibited by ouabain at concentrations greater than 0.3 mM, K^+ affording some protection. Li^+ and NH_4^+ cannot replace Na^+. K^+ Ca^{++} and Mg^{++} are needed for maximal effect, the last two potentiating each other. Rb^+ can replace K^+. Sr^{++} suffices as sole divalent cation.

In addition, Dr. Hauser has collaborated with Pierre Dreyfus, M.D., with Dr. Mayman, with Norbert Fraenkel, M.D., and with Helen Hess, M.D., in circumscribed projects akin to his main lines of work.

Dr. Barondes has studied the effect of inhibition of protein synthesis and of RNA synthesis on memory storage. His results suggest that under his conditions RNA synthesis played no part but that protein synthesis might parallel learning.

NEUROPATHOLOGICAL STUDIES

(This section of the Report submitted by Alfred Pope, M.D.)

DURING 1965, studies in microchemical neuropathology, utilizing the principles and techniques of quantitative histochemistry, have continued, and *in vitro* cultivation of neural tissues has been added to the program. Activities in these spheres may be summarized under the following headings:

Chemoarchitectonics of Mammalian Cerebral Cortex (Doctors Pope, Hess, and Bass, and Miss Thalheimer). Additional observations have been made on the biochemical architecture of normal and pathological human frontal isocortex by means of previously described experimental designs and microchemical analytical procedures that enable establishment of the quantitative intralaminar profiles of structural compounds and enzymes. In normal cortex, additional experiments were performed on the distribution patterns of total lipids and lipase activity. The results confirmed relative elevation of the latter in zones containing many nerve cell bodies (layers II, IV, VIa). Eleven experiments on gangliosides were added to Dr. Hess' extensive series on the intralaminar profiles of chemical structural components. The results showed ganglioside concentrations (determined by measurement of lipid sialic acid) to be high throughout the gray laminae with accentuations in layers I, II, IIIa, IV, and VIa. This intracortical pattern parallels that of major axonal and dendritic plexuses and is consistent with gangliosides being constituents of neuron surface plasma membranes.

Comparative microchemical observations on cortical specimens (autopsy) from patients with presenile dementias have also continued. In a specimen showing the classical histopathology of Alzheimer's disease, the average ganglioside concentration was reduced at all intracortical levels, particularly in layers I and IV, and especially so when expressed in terms of DNA concentration (i.e. gangliosides per cell). The reduction was consistent with the observable neuron outfall. In an instance of far advanced Pick's disease, completed microchemical findings showed virtually absent acetylcholinesterase activity, decreased total solids and total lipids, normal lipase activity and DNA concentration, and elevation of total protein (as percent dry weight). All of these data are consistent with observed obliteration of cytoarchitecture, loss of neurons, demyelination, and replacement gliosis.

During 1965, an investigation was initiated by Dr. Bass on the microchemistry of experimental cyanide encephalopathy in the rat. An initial phase has been experiments on the intralaminar distribution of cholesterol (in relation to dry weight, DNA, and total protein) in the somatosensory cortex, subjacent white matter, and caudate nucleus. The results showed cholesterol distribution to parallel that of the myeloarchitecture, with elevations (relative to immediately adjacent zones) in layers I, II-IIIa, IV, Vc-VIa, and the VIb-white matter junction. These findings were highlighted when cholesterol concentration was expressed as percent of the total lipid. They indicate that even in gray matter a major portion of the cholesterol is a substituent of myelin.

As a final item under this heading, John Fuller, Ph.D., Associate Director of The Jackson Laboratory, Bar Harbor, Maine, completed his systematic study here of the post-natal development of transport adenosinetriphosphatase activity (ATPase maximally stimulated by sodium and potassium ions) in the cerebral cortex of mice in relation to transient susceptibility of certain genetic strains to audiogenic seizures.

Microchemistry of Frog Retinal Rod Outer Segments (ROS) (Doctors Hess and Still and Miss Moniz). This work is part of a continuing joint undertaking by Doctors Robertson and Hess in which these organelles, representing a modified neural plasma membrane with transducer properties, are being used for simultaneous ultrastructural and microchemical analyses.

In order to obtain meaningful biochemical data, it is imperative that the ROS be obtained in adequate yield without contamination by other retinal constituents and with retention of their paracrystalline structure. To this end a number of techniques have been explored for improving the yield of intact and histologically pure ROS. Successful developments have included (1) preparations of ROS from Rana pipiens using suspensions made from retinas crushed in Ficoll-Ringer's solution followed by differential density gradient centrifugation, and (2) use of low intensity ultrasound for freeing the ROS with minimal contamination from intact bull frog retinas followed by purification in Ficoll gradients. Both methods have provided far purer ROS samples then heretofore achieved.

Studies on total lipid preparations of pooled ROS samples have shown cholesterol concentrations of approximately 2% of the dry weight and indicate that cerebrosides may be present in considerably higher concentrations. The presences of a substance chromatographically similar to co-enzyme Q and of inositol in low concentrations have been established, but gangliosides have not yet been identified in the ROS.

Experimental Hypoglycemic Encephalopathy (Dr. Mayman and Mr. Burnett). Studies have continued on the structural chemical and substrate-metabolite changes that occur in the brains of rats made acutely hypoglycemic by graded doses of insulin.

Definitive results obtained during 1965 have established a sharp decrease in brain glucose content, paralleling the drop in blood levels, and accompanied by a lowering of brain ATP but not of creatine phosphate concentrations. Collaborative studies with Dr. Hauser have indicated no change in brain ganglioside or inositol concentrations in hypoglycemic animals. The brains of acutely hypoglycemic rats failed to show clearcut or consistent neuropathological changes when studied in general or Nissl stains or in myelin sheath preparations.

Tissue Culture of Neuroglia (Dr. Shein and Miss Lantz). During 1965 a laboratory for tissue culture studies on the nervous system was established by Dr. Shein, and investigations formerly in progress in Dr. John F. Ender's laboratory at the Children's Medical Center were transferred and continued at McLean Hospital.

Several lines of investigation have been in progress employing dispersed cell cultures of human fetal neuroglia cells. It has been possible to propagate pure cultures of spongioblasts and of relatively well-differentiated astrocytes, and short-term cloning of astrocytes can now be regularly achieved. In particular, the effects of an oncogenic virus (SV_{40}) on dispersed glial cell cultures have been determined. The results show that SV_{40} has a cytopathic effect on spongioblasts and immature oligodendroblasts but produces multifocal transformations of astrocytes. The latter show heightened mitotic activity with abnormal karyotypes and pleomorphism reminiscent of that characteristically seen in glioblastoma multiforme. Studies have been carried out on SV_{40} virus propagation in affected cultures, on the effects of superinfection with other viruses, on oncogenicity of transformed astrocytes *in vivo* (they fail to induce tumor growth in hamsters), and on the consequences of variations in *in vitro* cultural history of host cell astrocytes for the SV_{40}-induced cytolytic and transformational changes.

In addition, pineal glands have been cultivated in Dr. Ender's laboratory using explantation techniques. The cellular outgrowth consists entirely of adult pineal cells. In collaboration with Richard Wurtman, M.D., and Julius Axelrod, Ph.D., of the National Institutes of Health, it has been shown that these explants synthesize large amounts of serotonin and retain highly active melatonin forming enzyme activity. Norepinephrin in the culture medium inhibits the latter but does not effect serotonin synthesizing capacity.

BIOPHYSICAL STUDIES

The work carried out in the Biophysics laboratory during 1965 has been a continuation and elaboration of the work previously begun and falls in the following categories:

1) X-RAY DIFFRACTION STUDIES OF FROG RETINAL ROD OUTER SEGMENTS (ROS's) (Dr. Robertson, Miss Lamborghini and Mr. Watts.) During the year we have continued our studies of ROS's, accumulating additional data. These studies have been carried out partly with the aim of deciding whether or not there was evidence to be obtained from any other source to support the notion of a globular phase transformation of the membrane lipids of the kind proposed by others. Considerable data has now been accumulated on both fresh and fixed rods *in situ* as well as detached ROS's. The findings do not support any such phase transformations.

2) ELECTRON MICROSCOPE (EM) STUDIES OF FROG RETINA (Dr. Robertson, Miss Lamborghini and Mrs. Doughty.) We have confirmed the findings of Nilssen regarding the appearance of transverse densities in ROS's. We were initially considerably puzzled by these images, first because they appeared to be real ones and second because the interpretation given by Sjöstrand, while seemingly a reasonable one, was, in the case of ROS's, contradicted by other evidence. A clue to understanding these images came from an error that was made by us in interpreting similar images in ROS's at a more gross level.

We had previously reported certain images in electron micrographs of rods that seemed to indicate continuity between adjacent lamellae associated with the incisures. Further study has provided convincing evidence that these images result from overlap stereo effects and hence are artifacts. This conclusion led us to consider the possibility seriously that the transverse densities that were so puzzling in the unit membranes of the lamellae of ROS's, as well as other unit membranes, might also be similar image overlap artifacts but on a much smaller scale. We reasoned that some regular, granular substructure in the membrane surfaces might lead to overlap image artifacts if the section were tilted very slightly with respect to the direction of the electron beam. We calculated the degree of tilt required to give this effect and succeeded in demonstrating that the transverse densities in the membrane images could indeed be produced by tilting by the calculated angles. This provided objective experimental evidence in support of our theoretical conclusions. We thus now have an adequate explanation for the problem of globular substructure at least as regards the images of transverse densities in unit, membranes in sectioned material. It appears that these images are due not to phase transformations in the membrane lipids, but simply to image overlap artifacts produced by overlapping of elements of a granular substructure responsible for a regular mosaic pattern in the dense surface strata of the unit membranes. All of the evidence from the X-ray diffraction, polarized light, and electron microscope studies is entirely consistent with this conclusion.

3) FURTHER STUDIES OF THE EFFECTS OF CHARGED MOLECULES ON MEMBRANE CONTACT RELATIONSHIPS IN NERVE MYELIN (Dr. Robertson, Dr. Majno, Dr. Cotran and Miss Lamborghini.) In association with Dr. Guido Majno and Dr. R. S. Cotran we undertook to investigate the effects of histamine on myelin applying the methods we had previously used in determining the effects of metallic cations on the maintenance and re-establishment of contact relationships between myelin membranes that had been split apart by soaking in distilled water. We performed these experiments because we thought they might be related to changes in membrane contacts in capillaries possibly induced by histamine. We found immediately that histamine had no apparent effect on the optical properties of fresh myelin.

We then performed further experiments to determine whether histamine altered myelin. We determined that de-sheathed frog or mouse sciatic nerves showed 100% reversal of the sign of their birefringence after two hours in distilled water. We then soaked such nerves in various concentrations of histamine and found that it prevented the reversal even in very dilute solution. It was effective in dilutions up to 1,000X to 100,000X of a 3.8% solution although in dilutions above 500X there was a progressive diminution in the effect. We also found that nerves that had been soaked in distilled water with 100% reversal showed an appreciable return of positive birefringence after soaking in 3.8% histamine. It thus appears that histamine acts in essentially the same way as metallic cations and we have tentatively concluded that it is simply the charge of the molecule that is responsible for these effects. To check this point, we performed identical experiments with an antihistamine, pyrilamine maleate, obtaining essentially the same results as with histamine.

4) EM STUDIES OF THE STRUCTURE OF PRAWN NERVE FIBERS (Carlos Doggenweiler, Ph.D., and Mr. John Heuser.) Dr. Doggenweiler and Mr. Heuser continued their collaborative studies of the prawn nerve cord and have produced significant new results. It has been found that the prawn myelin sheath is similar to vertebrate myelin sheaths in some respects. The outermost layers very often appear as compact arrays of unit membranes repeating at a period of 120-130 A like vertebrate myelin, and an intraperiod line repeating radially at a period of about 120-130 A. However, there are other very significant differences. The sheath cell nucleus, as known from older histological studies, is located next to the axon instead of outside the compact myelin layers. They find in addition that the inner layers of the sheath are loosely packed. The findings also clearly indicate that the lamellae are not spirally arranged.

Several additional new features, setting this kind of myelin apart, have been found. First, there are very prominent radially arranged desmosomelike structures referred to as radial attachment zones (RAZ's) that run through the entire sheath. These are characterized by being unusually stable and never break up into vesicles even though the surrounding membranous elements may be completely broken up depending on the way the sheath is treated. Dr. Doggenweiler has found the sheath is quite sensitive to the ionic environment during fixation, and that two different types of vesicles may result from break up of the sheath. This finding is related to the important problems of evaluating the significance of vesicles seen in cells.

Mr. Heuser and Dr. Doggenweiler have obtained the first electron micrographs of nodes in prawn nerves, providing, incidentally, the first description of any invertebrate nodes by electron microscopy. They differ significantly from those of vertebrates. The loose myelin around the small fibers terminates in a manner analogous to that seen in vertebrate myelin but external-compound-membranes occluding the juxta-nodal axon-Schwann membrane are not found. The gap between the membranes is of about the same width as that usually seen elsewhere. However, there is here a set of repeating septate desmosomes with many apparently concentric dense bands of extracellular material that surround the axon in the form of partitions separated by about 100-150 A. These may well perform a similar function to the closure of the gap in vertebrate nodes by sealing off the axon-sheath cell inter-membrane gap.

The appearance of the nodal region itself is similar to that of vertebrate nodes in fibers of comparable size in that the sheath is completely absent for some distance. However, the bare axon is enveloped by a number of small, finger-like processes of a glial cell that apparently is not related to the sheath cells forming the myelin. These form tight junctions with the axon membrane that are similar to the ones we have found to be characteristic of electrical synapses in both vertebrate and invertebrate central nervous systems in recent years. Their presence suggests an electric coupling between the axon and the glial cells. These glial cells are interconnected among themselves by the formation of similar tight junctions. The notion then arises that there may be direct electrical coupling between groups of axons at the nodes mediated by networks of glial cells that may in turn be electrically coupled in some such way as to allow them to modulate the operation of the whole system.

5) FURTHER EM STUDIES OF MUELLER CELLS OF GOLDFISH MEDULLA (Dr. Robertson, Dr. Frenk, Mrs. Doughty and Miss Lamborghini.) Our studies of Mueller cells of goldfish medulla have been extended. Better fixed preparations have been obtained and the extracellular material characterizing the synaptic bed about the Mueller cells has been better preserved and more clearly demonstrated as a dense extracellular matrix material. At least two distinct types of nerve endings have been defined. Tentatively, we regard one type of ending as being of the neuro-humoral type and the other as being more likely electrical in function. The latter are less num-

erous and may be divided into two subtypes. Dr. Frenk has been studying the relative frequencies of the occurrence of these kinds of endings and their distribution on the Mueller cell bodies, but the work is as yet incomplete and has been interrupted by his return to Chile.

6) FURTHER EM STUDIES OF OCTOPUS OPTIC NERVE FIBERS (Dr. Robertson, Dr. Schecter and Miss Lamborghini.) During a six month period of work in the laboratory, Dr. Schecter began a further study of octopus optic nerve fibers but this has been temporarily interrupted by Dr. Schecter's departure to take up an internship.

7) STUDIES OF MITOCHONDRIA IN CRAYFISH AXONS (Mr. Nick Spitzer.) Mr. Spitzer has addressed himself to the problem of the relationship of the mitochondria in the crayfish axons to the sheath cell. The mitochondria in the crayfish axon are tantalizingly regularly associated with the axon-Schwann membrane complex. He has been attempting to work out serial sectioning techniques that will permit him to define more clearly the relationship of these mitochondria to the sheath cells. However, his findings are not yet sufficiently clear cut to allow definitive conclusions.

8) EM STUDIES OF GROWTH SPIRALS OF SCHWANN CELLS IN MYELINATING FIBERS IN MOUSE SCIATIC NERVES (Mr. Stephen Waxman.) Mr. Waxman is engaged with the problem of the structure of the growth spirals that we had previously described in myelinating mouse sciatic nerve fibers. These are long, cigar-shaped structures consisting of spirally wound paired membrane sacs with certain differentiations of the membrane that suggest that they might be growth centers having to do with the synthesis of endoplasmic reticulum membranes. Mr. Waxman has found that they are related to the Golgi apparatus. The findings so far certainly are compatible with the notion that the growth spirals are concerned in membrane synthesis and Mr. Waxman's work is intended to provide a background for the eventual isolation of this interesting organelle for *in vitro* biochemical studies of membrane biogenesis.

JORDI FOLCH-PI, M.D.
Director of Scientific Research

Report of the Psychology Department

THE Psychology Department continued its major functions of psychological testing, research, teaching, and psychotherapy. A total of 737 tests were administered to 196 patients during the year.

Most of the testing is completed within a few weeks after the patient is admitted to the hospital and is part of the over-all clinical evaluation. A patient is also frequently re-tested when his treatment program and progress in the hospital is up for review. Although not all newly admitted patients are referred to the Psychology Department, patients under the age of 21 are usually tested.

Psychological testing has been particularly helpful in dealing with the unique problems of diagnosis and planning for the increasing number of adolescent patients. Since the majority of these adolescents are enrolled in the Arlington School, the test results pertaining to intellectual abilities and problems in learning are usually integrated with the over-all educational planning. For the most part, the psychiatric staff refers patients for testing when there are questions concerning diagnosis, degree of pathology, brain damage and suicidal potential. Through the medium of the work-up conferences and follow-up information on the patient's course in the hospital, it has been possible after testing to apply a research attitude to the psychological test data. Thus we are always accumulating additional indications for the various types of pathology in order to achieve higher validity to our test interpretations.

Teaching activities have included a course in Introductory Psychology given by Scott Reinhardt, M.A., to the student nurses, a seminar on the theory and practice of psychological tests given by Irene Pierce Stiver. Ph.D., to the residents and several meetings each month with the medical students. The Training Program in Clinical Psychology has been very successful and will be expanded in September, 1966 to include three to four trainees. This year the two interns, Amnon Shai, B.A., and Gretchen Taylor, M.A., are graduate students in the Department of Clinical Psychology at Boston University and the Department of Social Relations at Harvard University, respectively. Linda Shapiro, M.A., a graduate student at Harvard University will have completed her second year in this program by August,

1966. The interns receive experience and training in diagnostic testing, psychotherapy and research, working with adult and adolescent patients at the hospital and with children at the Beaverbrook Guidance Center.

Dr. Stiver has continued her research interests in perception and is also a research consultant on the staff of the James Jackson Putnam Children's Center. Robert Schnitzer, Ph.D., in conjunction with Alfred H. Stanton, M.D., and Merton Kahne, M.D., is devoting halftime to an investigation into content and processes occurring in psychotherapy transactions. The research conducted by Richard J. Bonier, Ph.D., is largely directed toward investigating the relationship between psychosomatic illness and defense hierarchies. Mr. Reinhardt's research is directed toward comparative evaluation of mood states over a period of time in hospitalized and non-hospitalized adults.

We are happy to announce several new additions to our staff. In January Dr. Bonier joined the department as an Associate Psychologist; he received his graduate training at Michigan State University and was the Chief Psychologist at the Greater Lawrence Guidance Center. Both Norbett Mintz, Ph.D., and Sophie Mintz, Ph.D., joined the staff in June and have been primarily involved in a research project investigating the family constellations in schizophrenia and various childhood pathologies. Dr. Sophie Mintz, who did her graduate work at Brandeis University, has also been involved in the clinical activities in the Outpatient Clinic and has done some diagnostic testing of inpatients. Before coming to McLean Hospital, Dr. Norbett Mintz was an Assistant Professor in the Psychology Department of Brandeis University and recently received an NIH Career Development Grant, to begin in 1966, which will allow him to pursue his research interests in Ethnic Factors in Psychopathology.

IRENE PIERCE STIVER, PH.D.
Director of the Psychology Department

Report of the Public Relations Department

THE fall of 1964 marked the beginning of the first formally* established Public Relations Office in the Hospital. The climate in the community and new thinking within the Hospital had converged at a point where establishing such an office to form an orderly two-way channel of communication between the Hospital and the community was considered necessary for the benefit of both groups. There were several elements which created this climate. The Hospital had been changing, growing, becoming more community oriented. It now recognized that it had many groups to communicate with, both internally and externally, and that it could do this in several different ways—through the printed word (brochures, newspaper and magazine articles) and through the spoken word (conferences, special events, radio, T.V., and films). Outside the Hospital, on the local and national scene, people were in the throes of an intense new interest in mental illness—a phase which particularly gripped the T.V. season of 1963-64 and had been affecting the magazine, movie, and news world with growing impact for most of the previous decade. The public wanted to know what was going on in mental hospitals and the Hospital now wanted to tell them. So the Office was established to form a liaison with the public.

It is important to make a digression here to explain the word "public", for its definition forms the foundation for understanding the Department's goals. The word is used in its broadest terms and does not just mean the public *outside* the Hospital. The idea of a public can more accurately be described as being made up of many smaller groups or "publics," as they are called in the public relations field. For large institutions like McLean, these publics fall into two large groups: those inside and those outside its walls. Within the Hospital the publics consist of patients, trustees, professional staff, employees, students, alumni, volunteers, and auxiliary. Outside the Hospital it consists of referring doctors, families of patients, visitors, the neighboring community, suppliers, and lay people interested in mental health. The purpose of the Public Relations Office is to see that the Hospital reaches these groups and reaches them effectively. Therefore, the establishment of a Public Relations Office has broader implications than it might seem at first glance. Performing at its best, a Public Relations Office must serve the Hospital as a whole by being objectively sensitive to the ways the Hospital is meeting its publics. It is effective both at a policy level by keeping the Hospital eye and ear atuned to the best public interest and at the service level by providing information to news media, and editorial and publication services to departments within the Hospital.

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* From 1959 to 1961 some public relations projects were carried out by the Director of the Publications Office.

To return to the report of what was achieved this past year, one of the first tasks which was accomplished was to form a Public Relations Committee. The Committee was created to meet monthly and was to perform three important functions: first, increase the number of people responsible and alert to public relations issues in the Hospital thereby establishing more two-way strands of communication for the Public Relations Office and the Administration; second, to serve as a sounding board for overall public relations planning and policy; and third, to be a review board for all major printed materials published by the Department.

There was general agreement that the Hospital's most pressing need was to revise much of its "printed face," its brochures and the NEWSLETTER. So the Department turned its major efforts toward this job. New copy was prepared for "Information for the Professions." "Information for Patients" was completely rewritten by a group of talented patients collaborating with the staff. New graphic designs for these pamphlets and for the NEWSLETTER were created by an outside expert. A new pamphlet was printed for the Psychology Department, "Joint Internship in Clinical Psychology," and a descriptive, illustrated brochure was written and printed for the Outpatient Clinic. The Department also took over the responsibility for editing and publishing the Hospital's Annual Report.

As the year progressed and the Hospital received calls from the press, the Public Relations Committee decided that a press guide clarifying basic Hospital policies in dealing with the press would be helpful to the staff. A draft of such a guide was started in the summer.

Throughout the year a number of news releases went out about various subjects: Auxiliary functions, Staff appointments, Volunteers, Service Pin Awards, professional meetings, the Nursing School Graduation, Capping, and reorganization (total number of news releases —28). A comprehensive news release mailing list was established to take advantage of all the professional, hometown, and alumni ties of the individuals in our appointment releases. Local and national medical scientific and educational outlets were included in our mailings when it was appropriate in connection with more general news stories.

Although the road we were to travel for the year 1964-65 was clearly straight, wide and paved with brochures, the driver was often tempted by the signs on fascinating byways. Other ideas and projects kept intruding themselves into the journey. (I should explain here that this is one of the delights and despairs of public relations work. There are always hundreds of ways to pursue the art. Weeding out and establishing priorities becomes a way of life.) So it was that the restless forces were quelled by committing these ideas to paper, by estimating what year the Hospital might be able to undertake some of them over the next three years, and by developing a long-range plan (with apologies to those who think of "long" in terms of decades.) These plans were reviewed and accepted in principle in March by the Public Relations Committee. In the meantime, the drive down publications road proceeded smoothly, although slowly, for many projects started in 1965 could not be finished and ready for the printer until 1966.

In summary, the year's work could be characterized by two words —planning and publications.

For helping the Department accomplish many of its goals, no one could be more grateful than I am to my staff which keeps everything running smoothly especially during the two days a week that I am not at the Hospital. Nor could we get along without the superb patient volunteers who in turn have given countless hours to our office, pitching in to help with all aspects of the work with a devotion and graciousness which repeatedly renews our spirits.

BARBARA R. HOPKINS (MRS. J. C.)
Director

Report of the Activity Therapies Department

THE program of social-recreational and work activity has advanced significantly in two major respects during 1965. The first of these is an increase in the amount and tempo of activity engagement in both formally structured and informal situations. The second is the relevance of activity to individual and collective treatment efforts. Alleviation of chronic staff shortages through filling of vacant positions and additions to the allotted complement during the year have enabled a sustained effort in organizing programs and motivating patients to use them. Increasing sophistication on the part of activity therapists has resulted in improved collaboration with other members of the psychiatric team.

It is fortunate that activity therapies is broadly conceived at McLean, since in administratively combining diverse specialties such as work, dance, and weaving we are able to consider the total range of activity needs for each patient and create an integrated individually tailored treatment program for him. Staff members are also devoting considerable attention to work with patient living groups on halls, stimulating and supporting them in their efforts to find meaningful social encounters through trips, open houses, baking projects and the like. As time and numbers of staff permit, we shall attempt to refine and expand this hall liaison function. Indeed, as the hospital makes increasing use of the therapeutic potential of daily experiences, work and play programs will, of necessity, be more and more oriented toward units where patients live. In this connection, we have maintained close contact with the Social Group Work staff for joint long-range planning as well as for coordination of ongoing complementary work with groups.

Use of volunteers, so vital to provision of a sufficient amount and variety of activity, depends on adequate support and supervision. As our staff shortages have been corrected so has our capacity to employ community and patient volunteers in a number of supplementary and specialty roles.

Employment of McLean senior nursing students on a part-time basis and greater participation by Activity Therapies staff members in the formal education of the several affiliating nursing groups has proved a boon to several specific activities and mutually beneficial to our respective disciplines in building knowledge and communication.

Affiliations were provided for students in Occupational and Recreational Therapy from Boston University and Tufts University.

The following are highlights from the various specialties:

Recreational Therapy

Growth in this area has been rather remarkable in the past year. Although we lost staff early in the year, the appointment of Mr. Robert Pilsbury as Supervisor and Mr. Robert Bruzzese and Mlles. Nancy Annis and Nancy Olds as staff therapists and the addition of experienced part-time persons brought a high degree of skill and energy to the program.

Evening activities, needed so much when the office day has ended, have increased to four or five nights a week. Correspondingly, special trips and an improved selection of motion pictures (with special showings for geriatric patients) have been made available on weekends. A variety of weekend dance-social affairs has been held, and experimentation continues to meet the needs of different age groups —the "over 30" population being most difficult to engage. The "village green" in the Rehabilitation Center has proven to be useful for orchestra and special theme dances (e.g., Halloween, Wild West) and the gymnasium lounge a more intimate and secure setting for informal rock and roll record hops. Plans have been drawn up for the refurbishing of this latter rather drab area to make it a more congenial setting for relaxed social interaction.

The bi-weekly folk song session has been consistently popular and well attended, particularly by younger patients, and has provided an avenue for leadership and self expression for several individual patients.

Patients have taken responsibility for cleaning and painting a suite of rooms in the second floor of the gymnasium for use as office space and for a large model railroad set which has been donated to the hospital.

Attention to the needs of geriatric patients, lagging earlier in the year, is increasing and, in addition to the Sunday movies mentioned above, organized trips, games and involvement in craft activity have been encouraged by staff members. Beach trips this summer were improved by increased participation on the part of the patients in delivery of equipment to the beach and preparation of food. The Dietary Department has been most helpful in cooperating with Recreational Therapy plans and in initiating new ideas for enhancing the social significance of mealtime and food.

Fresh water swim trips and boating were included in addition to the traditional saltwater bathing. Classes in modern dance have been held throughout the year with varying success, depending on the ability of patients to use them, and most recently interest has been sparked through the involvement of a volunteer instructor from Brandeis University. Other activities which continued to be popular were regular trips into the community for such things as bowling, swimming, attendance at sporting events and special holiday programs. Interhall softball, basketball and volleyball games have been successful, and on several occasions teams from the community have come into the hospital for contests, our patient teams winning a good share of these.

Plans are presently being made for better use of the Proctor yard area for sporting and social activities. The feasibility of changes in the layout of the golf course, the usefulness of which has been impaired by the intrusion of staff parking, is being considered. Smaller putting courses and driving ranges may be an answer to this need.

The Supervisor of Recreation has assumed leadership of the Patient Activity Committee. This has proven to be successful because of his constant contact with a large percentage of the patient population. The functioning of this group and its ability to sponsor activities has varied in relation to the level of functioning of individual patients and the ability of individual halls to provide representation.

Occupational Therapy

The clinic facilities in the Rehabilitation Center, in use now for two years, have reached their therapeutic potential. Rearrangement of some equipment and cabinets to create separate treatment areas has made it possible for individual therapists to work more effectively. Two days a week have been set aside for individual and group appointments, providing for more intensive treatment where it is needed, and enabling therapists to give more effective attention to patients who have previously used the area only as a hobby shop or as a source for picking up craft material. This approach is under constant re-evaluation to insure that we achieve an optimum balance between intensive involvement, on the one hand, and casual, relaxed use of the craft facilities on the other, both of these being necessary and valid parts of patients' involvement with the activities.

Although Miss Meriel Bicknell, Supervisor, left to return to England during the year, we were fortunate in appointing Miss Elaine Woldorsky, as Staff Therapist, so that the strength of the department was maintained while we were in the process of looking for a new supervisor.

Individual therapists have taken considerable responsibility for working with particular halls, as was mentioned above, and have been willing to step out of their traditional roles to become involved with hall groups on recreational, fund raising and cooking projects. We find that this close involvement with halls, valuable in itself, has also increased the readiness of withdrawn patients to come to the clinic and has facilitated the formation of treatment relationships between patient and therapist. As is true in the recreation department, we find that it is most difficult to involve some of the middle-aged patients in other than fairly routine craft activities. Efforts are being made through such things as service projects for children at the Fernald School, cooking groups and grooming projects to help these patients to regain their self-esteem and feeling of worth to themselves and to the community. The Woodworking Shop continues to be of value to female as well as male patients, and recently the printing equipment, which was for some time not being used, has come into vogue again for printing posters, calling cards, etc.

Additional space which may be developed for individual treatment rooms or perhaps later on for work on electrical and automotive equipment, has been made available in the basement of the occupational therapy wing through the relocation of the art studio to the basement of the gymnasium.

Creative Arts

As mentioned above, the Art Studio has been moved to a larger, more adequate room in the basement of the gymnasium; this area having been completely reconditioned by the patient work crew. Regular trips to museums and exhibitions around the Boston community have been of great value in stimulating patients to express themselves. The drama group continues under the supervision of the creative arts instructor, and its focus varies from trips to view plays to active production efforts, depending on the skills present among the patients and their readiness to invest in working on projects.

The horseback riding program also supervised by the arts instructor, continues to be one of the most popular in the hospital, with two weekly trips to a riding stable in Concord. In addition, this year, individual lessons have been started, making use of one of the hospital horses. It is hoped that in the future, we shall be able to expand the on-grounds program to include more horses and enable us to do some trail riding over our very beautiful and ample grounds.

The photography group, involving a small but steady following, has proceeded throughout the year and has expanded on occasion into an art appreciation course.

Close collaboration with the Arlington School continues in the area of creative arts and plans are being made for involvement for students in a studio art course for academic credit, which will be operated jointly by Activity Therapies and Arlington School staffs. There is a possibility that in the future this will also extend to areas such as horseback riding, which would give students credit for physical education.

Vocational Rehabilitation

The voluntary work program has been a valuable service for several years and has received solid support from Paul Howard, M.D., with help from varying staff members and patients in the course of its history. This was the first year, however, when responsibility for the total in-hospital program as well as job-finding in the community was invested in a person specifically trained for the function, Mr. Morton A. Stone. Many more patients have been placed in jobs around the hospital, and many new jobs have been opened up for patients within the various service and clinical departments. Greater attention can now be given to the individual work needs of patients and more sensitive decisions made as to where they should be placed. Also a regular evaluation process is now in effect so that the patient's functioning in his job can be better kept track of and related to his other therapeutic involvements. Closer contact can now be maintained with personnel in the several departments who supervise patients in their work and plans are being made to involve them in the planning and evaluation process as well.

The work crew continues to be a very important part of the total work program, and an average of seven male patients are consistently involved in doing projects such as reconditioning of rooms in various areas of the hospital, painting fences, raking leaves and cleaning and repainting tunnels. Supervision is furnished by a psychiatric aide who is employed part-time by the activities department, thus freeing the Vocational Rehabilitation Counselor to give service in other areas.

The response to the availability of a vocational counselor for placement of patients in part-time and full-time voluntary and paid employment in the community has been positive and, at times, rather overwhelming. Mr. Stone is developing contacts with employers in the community and doing interpretation to individual employers and to groups of business men. His contacts within the rehabilitation field have enabled the placement of several previously untreatable and chronic patients in work training programs. Future plans for this department include increasing involvement of service staff in patient employment in the hospital, development of paid work programs for patients, establishment of a sheltered work center and involvement in training for graduate students in rehabilitation. As an adolescent program develops at the hospital, it will undoubtedly be necessary to plan work opportunities especially geared to their needs. This may include work camp and peace corps type projects.

Patients' Library

One of the biggest changes in the library program this year has been the weekly library teas. In past years, the organization of these teas has been a function of the staff and community volunteers. This year, patients have taken over most of the work entailed in preparing for the teas. This includes baking food, preparing centerpieces for the table, pouring and hostessing at the affair and washing cups and saucers afterward. This provides for very fruitful social interchange and collaboration on a project between patients and volunteers. An additional feature has been the provision of entertainment each week by different patients.

There has been a resurgence of interest during the past year in the patient literary publication, which has been renamed "The Mirror". An editorial board composed of patients, with advice from the librarian and from the Associate Director of Clinical Psychiatry, now does all the work of putting out the paper. including editing the material, mimeographing, assembling and distributing the paper. The major effects of the editorial board's sustained interest in the paper have been in the quality of the material that has been published and the use of the paper as a vehicle for patient expression of opinion on broad social issues, as well as on the way the hospital is run.

The library continues to be a prime source for patient jobs. It has been particularly useful as a rather sheltered first work experience for patients who are then able to move into other areas of work in the hospital and the community. Very intensive involvement on the part of the librarian, of course, is necessary to effect this movement.

Music Therapy

Music Therapy continues to be a popular area and used in several different ways. Individual work ranges from instrumental and vocal instruction to intensive use of these media for expression and working through of emotions. The area is employed by the adolescent patients as a place where they can relax, improve dancing skills, and socialize. Small instrumental and vocal groups are formed as needed by individual patients and correspondingly dissolve when patients move on to other kinds of activity. In addition, the department has sponsored choral and instrumental groups from the community and a series of lectures on jazz. Efforts will be made in the future to acquire musical instruments so that we may interest patients in working in both classical and popular areas.

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Activity Therapy as a profession is relatively new. The spirit and creativity exhibited by the members of the Activity Therapies staff bodes well for its continued development. The cooperative response of other departments to their efforts gives promise of new levels of coordinated treatment.

James A. Garland, M.S.S.S.
Director of Activity Therapies

Report of the Social Science Department

RESEARCH activities in the Social Science Department were in full swing last year. While the Chairman, Norman Bell, Ph.D., was in Amsterdam to gather data for his research on mutual influences of families and treatment agents, Dr. Stanley Eldred's ward study went through its data gathering phase with a large group of young research workers. Murray Melbin, Ph.D., continued his study of programming nursing coverage and Rose Coser, Ph.D., started the analysis of data gathered over the last five years concerning her study of the process of socialization into the psychiatric profession.

Due to this development in the studies of the Social Science staff, and due to the fact that other members of the hospital staff became increasingly active in research, the need for some readily available basic computing facilities became increasingly obvious. With financial backing of the McLean Research Committee, a Statistical Laboratory was established, consisting of an IBM 26 card punch and an IBM 101 electronic statistical machine. The advantages of being able to carry out much statistical work locally are great. We hope that use for this will expand in the future.

Social Science seminars were held regularly with the Residents.

Dr. Coser accepted the position of Director of Graduate School in the Department of Sociology and Anthropology at Northeastern University for the coming year but will continue to serve at McLean on a part-time basis.

Thanks to the intellectual liveliness of the research assistants who were on Dr. Eldred's and Dr. Coser's project, the atmosphere in the department was stimulating and welcoming, so that we enjoyed periodic visits from and intensive discussions with interested members of the McLean staff.

Dr. Bell will resume the chairmanship of the department during the coming year.

ROSE LAUB COSER, PH.D.
Associate Sociologist and Acting Chief

Report of the Social Work Department

An overwhelming demand for social work services, together with a shortage of workers, caused the staff to feel under constant pressure throughout the year. The hospital went through the year with an extremely high census. This meant that the Department was both processing many more admissions and planning for an equal or greater number of discharges while continuing the practice of offering casework to patients and families prior to, during hospitalization, and after discharge for as long as necessary.

There were 4201 interviews conducted with families and/or patients in the hospital, and 1719 with outpatients and their families. The inpatient interview count increased by 713, and the Day Care and outpatient by 751 giving an increase of 1464 for a total of 5920 interviews. The workers averaged 235 cases monthly, an increase of 30. The inpatient load remained fairly stable—160 cases up 10 from 150 the previous year; while the major increase was in the Day Care and/or outpatients—up to 75 cases per month from 55.

Some relief came to the staff when Mrs. Helen Warren, S.M., was appointed in August. Also, in August a part-time pre-admission position was created and Mrs. Marcia Abramson, M.S.S., was hired to assist with the many demands for service in planning admissions. There were 181 admission interviews and 1756 telephone calls to process the inquiries. This reflected an increase of 44 interviews and a decline of 109 telephone calls from the previous year.

Miss Nancy Simes, M.S.S.S., with Miss Susan Morse, S.M., as recorder, took on the leadership of the group of mothers who were brought together to discuss their mutual concerns.

Needless to say, the loyal casework staff deserve much appreciation for their dedication in giving so willingly of themselves to meet the many social service needs.

Two group workers were assigned to ward units where in close conjunction with the nursing and psychiatric staff they helped promote the activity groups and the patient committees. Several psychiatrists have requested that a group worker be assigned to their units, but insufficient staff prevented this.

Despite turnover in the group work section with the resignation of Miss Elizabeth Wiley, M.S.S.A., in June and the appointment of Miss Doreen Broeksma, M.S.S.A., in August, their well-developed program was not interrupted. In addition to the Young Adult Lounge Group, several other groups were added including an Orientation Group for new patients and an Adult Social Club for the 20 to 35 age group. Also, a committee with staff collaboration was formed to write a new patient handbook. A total of 265 patients were reached through these various groups making a significant contribution to the patient's hospital life.

The services rendered to outpatients also grew during the year. A major increase in social work staff in the Clinic took place and was made possible by a substantial contribution received from the Nathan H. Gordon and Sarah A. Gordon Philanthropic Trust. This fund was allocated entirely for social work salaries and therefore several new positions were created and filled. Mrs. Ann Sheingold, M.S.S., and Mrs. Susan Vogel, M.S.W., senior case workers, joined the staff on a part-time basis in January, and Miss Morse in August, upon completion of a student affiliation at the Clinic. Thus at the end of 18 months of operation, the complement comprised two full-time and three part-time workers. They conducted 331 application interviews and 517 treatment interviews totaling 848 interviews offering service to 143 patients.

In September an agreement was reached with Dr. James Bryant of Northeastern University to offer field training and supervision in the Outpatient Clinic to students enrolled in a Behavioral Science Seminar and Laboratory course. Three students were accepted on a trial basis to be assigned in the Clinic as "family aides". It was arranged that these trainees would act as "home visitors", to obtain more complete information about patients and therefore contribute to the patient's treatment program as well as furthering the students own education.

When Samuel Silverman, M.D., resigned in February, Norman Zinberg, M.D., resumed the duties of consultant to the social work department, a position he had filled from 1956 to 1963.

During the year the staff was involved in many special activities. Mrs. Martha Norton, M.S.W., was appointed a special lecturer at the Simmons College School of Nursing, Miss Jo Ann Glotfelty, M.S.S.S., conducted two seminars for the social work department at Beth Israel Hospital on the "Use of Social Work Groups in Hospitals." To celebrate the first anniversary of the establishment of the Outpatient Clinic, an afternoon conference was held at the hospital and Mrs. Shirley Goldstein, M.S.W., presented a talk on "Review of the Referral Process in the Clinic". Miss Golda Edinburg, M.S.S.S., presented a talk on "Social Work Resources" at a McLean Auxiliary Seminar. She was also a member of a panel discussing "Problems of Adolescents", sponsored by the Weston Community League. She continued as a member of the Professional Advisory Board of the Massachusetts Association for Mental Health and a member of United Community Services, Executive Committee, Social Service Council. She also planned an Institute on "Family Interviewing as a Diagnostic Tool in Casework" for the Massachusetts Conference on Social Welfare. Katherine Spencer, Ph.D., and Miss Edinburg were co-authors of an article, "Integrating Social Work into a Hospital Program", published in *Mental Hospitals,* August 1965.

Mrs. Mollie Grob, S.M., Miss Edinburg and Alfred H. Stanton, M.D., began the development of a questionnaire to study the current adjustment of the previously sampled adolescent population to determine effects of the hospital program as observed by the family and/or the doctors who treated the patients as well as through review of social work contacts.

Mrs. Helen Yanow, M.S.S., who took over as Director of Volunteers in October 1964, completed a very successful year. Her report follows.

GOLDA EDINBURG, M.S.S.S.
Director of the Social Work Department

Report of the Volunteer Department

Patient activities and services have continued to benefit from the organized efforts of citizens who bring their special skills, interests and friendship to the patient groups at the hospital.

Garden Club volunteers continued to give leadership to a year-round program in the greenhouses as well as to patient hall areas, thereby helping many patients develop new skills and interests as well as giving others an opportunity to maintain a previously acquired skill.

The Art Lending Library Committee purchased additional prints (selection of which was left to the patients) to add to the already existing collection and did necessary repair work to keep the older prints in good condition.

This year saw the introduction of a service project under volunteer leadership in the Occupational Therapy Department, whereby patients made bibs, johnnies, scarves, and stuffed toys for the children in a nearby hospital.

Volunteers continued to assist staff members in occupational and recreational therapies, to escort patient groups on various trips into the community and to serve as ward receptionists and secretaries.

In June, hospital and auxiliary volunteers held a combined Service Recognition Program for the first time. A panel discussion was presented by a psychiatrist, a nurse, and a volunteer, on "A Patient-Staff-Volunteer Project". The joint efforts of those involved were described to show how they helped achieve a change in the mood of the ward so that patients were able to leave the security of the hospital environment and participate more in outside activities offered by the community. At this meeting five-year service pins were awarded to five community volunteers: Mrs. Roswell D. Armstrong, Mrs. Frederick V. Hunt, Mr. Lester W. Ladd, Mrs. Robert True, all of Belmont, and Miss Barbara H. Weber of Portsmouth, N.H. This group is the largest number of people honored at one time since the inception of the Volunteer Department.

It has been most heartwarming to see the steady devotion and interest of the community volunteers in the hospital and their participation was most appreciated.

HELEN YANOW (MRS. ALBERT), M.S.
Director of Volunteers

Report of the Nursing Department

THE NURSING SERVICE

ATTENTION to the need for a clinical focus in nursing, the development of the professional role of the nurse and eventual changes of the organizational structure in the department have continued throughout the year.

Based upon the success of two clinical nursing supervisors appointed the previous year, decision was made to continue to prepare nurses for this role. During the interim, emphasis was placed upon changes in the nursing service supervisors' role and accordingly was fully discussed with them. Concurrently a series of conferences was arranged with the Clinical Nursing Consultant in order to clarify their role.

The three month training program in nursing process, now an established prerequisite for the future appointments of clinical nursing supervisors was continued. The program was again conducted by the Clinical Nursing Consultant. Four more nurses were enrolled and two successfully completed the program. One resigned because of marriage and the other, Mrs. Harriet F. DeHoff, R.N., M.S., was appointed as Clinical Nursing Supervisor in July 1965. The clinical nursing supervisors now functioning on three units replaced the position of head nurse and partially replaced the nursing service supervisors on three tours of assignment covering these units.

In August Miss LaVonne Davidson, R.N., M.S., Clinical Nursing Supervisor, was appointed to assume the responsibility for the three month training program in nursing process. During the transfer of functions, one nurse was enrolled and Miss Davidson at the same time retained her responsibility as Clinical Nursing Supervisor of the patient unit.

The above change of responsibility released Mrs. Ida O. Pelletier, R.N., M.A., for other important activities related to changes in the nursing department. Her work for the past three years as Clinical Nursing Consultant marks an active change in the role of nurses at McLean Hospital.

In anticipation of the needs for further development and reorganization of nursing in the hospital and my own retirement in 1966, Miss Hilda Mertz, M.S.N., was appointed Director of Clinical Nursing in August 1965. Collaboration to meet these needs has continued and the completion of a statement of functions for the department will be ready in 1966.

Mr. Americo A. Zerneri, R.N., B.S., Assistant Director of Nursing Service, resigned in August to accept a position at the Northampton Veterans Administration Hospital. Contingent upon further changes in the nursing department, this position remains unfilled.

There has been a continuation of the exploration of non-professional activities. Current issues still under discussion involve the transfer of such activities as cleaning of rooms following discharge of patients, cleaning of patient rooms, messenger service to halls, pharmacy messenger service and payroll transfer from nursing supervisors' office to accounting. The transfer of the primary function in selection of furnishings to the purchasing department and the utilization of dietary aides to serve meals in specific areas provided additional time for nurses to care for patients.

Activities shared with members of the medical staff, administrative staff, other hospital departments and faculties of formal educational programs include the following: participation through representation on hospital coordinating and work committees; patient personnel and patient work conferences; collaboration with group social workers in selected patient units and on new plans established in the activity therapies; participation in clinical case and work conferences; participation of professional nurses as recorders in group therapy sessions; and, working with volunteers in clinical areas. Other activities include the planning for and activation in projects for improved food service in the hall areas and the introduction of meal service for patients in the main cafeteria on weekends; continuation in the development of fire prevention and disaster plans; participation in disaster and fire drills; representation on the hospital infections committee; and, coordination of clinical resources for McLean basic, Simmons College School of Nursing and Massachusetts General Hospital Coordinated Program students.

The master staffing pattern was reevaluated and changes were made in accordance with the anticipated needs for the coming year. An average of 5.5 nursing care hours per patient per day was provided the patients during the year as compared to 6.0 hours the previous year. Student nurses provided approximately one hour per patient day of the total nursing hours. The nursing complement providing direct patient care included 3 clinical nursing supervisors, 10 head nurses, 72.2 staff nurses and 125 psychiatric aides. At the end of the fiscal year there were 21.4 budgeted positions unfilled.

Opportunities for growth and education of nursing personnel have continued. Participation in college programs for both nurses and psychiatic aides was encouraged. During the year 15 nurses studied under the Graduate Nurse Scholarship Funds at five colleges and universities, and a total of 102 credits were earned. Two selected nurses attended the National League for Nursing biennial convention and reports were brought back relative to new trends in psychiatric nursing.

Recommendations for improvement of nursing services in 1965-66 are:

(1) that the program to prepare nurses to assume the position of clinical nursing supervisors be continued;
(2) that nursing and psychiatric aide salaries be reviewed and made comparable to those paid in psychiatric hospitals who are our competitors in the recruitment of nursing personnel;
(3) that the budget for scholarship grants to graduate nurses employed at McLean be continued at $3,000 annually;
(4) that all nurses now receiving a three week vacation be granted a four week vacation after continuous service of five years;
(5) that satisfactory library service for nursing be developed with other professional groups; and,
(6) that the review and transfer of non-nursing functions to other departments be continued.

Future plans for the nursing department include serious consideration for:

(1) providing field areas in basic nursing for Baccalaureate students in addition to the Simmons College School of Nursing program;
(2) providing a field area in psychiatric nursing for students on the Master's level, which would require an affiliation with a selected college program and faculty status for McLean participants;
(3) providing a field area in a psychiatric nursing residency comparable to medical psychiatric residencies; and,

(4) providing a training program for auxiliary personnel (e.g. present nurse's aides).

Members of the nursing staff join me in expression of their appreciation for help and guidance given during the year in particular by the Director of the Hospital, also by the Board of Trustees, the Medical Staff, the Administrative Staff and all the other hospital departments.

THE SCHOOL OF NURSING

During the school year 1964-65, 26 freshmen were selected from 154 applicants whose credentials were studied in detail by the Committee on Admissions. By comparison 22 of 132 were accepted 1963-64. Selection of eligible students continues to be affected by increased opportunities for entrance to colleges and universities. Of the 17 seniors who were graduated, one is employed as a staff nurse at the hospital, eight entered psychiatric nursing in other hospitals, two are employed as staff nurses in a state school for the mentally retarded, two are employed as staff nurses in general hospitals, two are enrolled in schools for nurse anesthetists and two have made applications for enrollment in the United States Army Nurse Corps.

The tuition and fee costs to individual students for their educational needs has been of prime concern. Application and approval for the school to participate in the Student Loan Program under the Nurse Training Act of 1964 was established. The amount of federal capital contribution approved for the fiscal year ending June 30, 1965 was $2,386.41 and the minimal amount of institutional capital contribution required was $265.16 making a total of $2651.57 placed for use in a separate account for loans to students. Three students were approved for these funds and received a total of $1963.00 during the year. Funds in various amounts for 7 needy students to help defray costs were realized from the McLean Hospital Trustee Scholarship Aid Funds, McLean Hospital Nurses Alumni Association, McLean Hospital Auxiliary Association and several community agencies.

Under the leadership of Charles E. Learned, elected President of the Student Association of McLean Hospital School of Nursing, the members were busy throughout the year laying a firm foundation for increased performance, communications and benefits for their individual members and their association. Members were active in the district and state levels of the National Student Nurses Association and two delegates participated in the National Student Nurses Association Convention in San Francisco sponsored by funds raised by the McLean student organization. During the year a public Investiture Service in the form of a Nightingale Service was held. Miss Margarita M. Farrington, Director, School of Nursing and Nursing Service at the Peter Bent Brigham Hospital, gave the address and the Alumni Association Scholarship for a first year student was awarded to Miss Kathleen M. Schaefer. The annual graduation commencement exercise included the participation of Ellsworth T. Neumann, M.D., Administrator, Massachusetts General Hospital, as speaker. The class gift, presented at the exercises was a sum of money to purchase a needed accession to the school of nursing and was subsequently used to buy the psychiatric nursing film "Mrs. Reynolds Needs A Nurse." The Wetherhill Awards for recognition of development and exercise of the spirit of thoughtfulness for others were awarded to Mr. James K. Foster and Mr. Alfred J. Souza. A special Wetherill Award was presented to Paul M. Howard, M.D., who has been friend, counselor and teacher to all nurses at McLean Hospital. His example in the care of patients, and his contributions to the professional growth of nurses as individuals has been continuous since 1937 when he was first appointed to the medical staff at McLean Hospital. The McLean Hospital Nurses Alumni Educational Scholarship Award was given to Mr. Donald S. Rennie, a member of the graduating class and the Lucile Pitcher Memorial Award for excellence in psychiatric nursing was awarded to Mr. James K. Foster, also a member of the graduating class. The two Annabella MacCrae Scholarships went to two undergraduate students, Mr. Robert W. Desmarais and Mr. Thomas K. Heathwood.

The Advisory Committee of the School of Nursing has continued to give wise counseling to the Director of the School. Their encouragement in presenting recommendations for approval to the trustees and/or to the Director of the hospital was especially helpful in regard to the proposal of shortening the school program and the implications and recommendations for the future of the McLean Hospital School of Nursing. Membership changes included the completed term of Mrs. Charles A. Coolidge and the resignations of Mr. Edwin W. Hiam, Samuel Silverman, M.D., and Mrs. John Donovan. Four members approved by the Board of Trustees were: (1) Miss Lillian Goodman, representing active participation in the educational field in psychiatric nursing; (2) Miss Alice M. Stueks, representing active participation in the field of community or public health; (3) Mrs. Philip H. Gates, an outstanding lay participant representing the community; and, (4) Mrs. Frank H. McGowan, an outstanding lay participant representing the community.

The Coordinating Discussion Group of the McLean Hospital School of Nursing and the Nursing Service Department continued its function of discussing problems between the school and service. Throughout the discussions the interest and promotion of good patient care was kept in mind as well as the education of the student. Recommendations made to the Director of the school have resulted in clarifications of student time schedules and student assignments in clinical areas, extensive evaluation of each unit on Tuesday clinic days in relation to student time and its effect on patient care, effects of loss of time by students due to illness and analysis of same, and development of policies in relation to nursing personnel visiting patients on units where they are not assigned.

The faculty studied the curriculum of the student program and developed a plan for reduction of the program of studies from 156 weeks to 144 weeks, which was subsequently approved by the Massachusetts Board of Registration in Nursing and the McLean Hospital Board of Trustees.

The Assistant Director of the School of Nursing investigated and compiled information relative to the three year basic program and the report "Implications and Recommendations For the Future of the McLean Hospital School of Nursing" was formulated and presented to the Board of Trustees. As a result of this report the Board voted to terminate the three-year diploma program of the McLean Hospital School of Nursing. Accordingly plans were made to accept the last class for entrance in the fall of 1965. Major implications in the report pointed out the trend in patterns of nursing education in the United States toward basic education through baccalaureate and associate degree programs, changes in medical practice which require better coordination of specialized and technical services needed by patients which has made it become increasingly necessary for the professional nurse to be prepared to perform at a high level of clinical competence, the drive for professionalism which is an indication for change in the role concepts of the nurse, and the need for more nurses with specialized training in the field of psychiatric nursing. Implications specifically in relation to McLean Hospital indicated that the future development of psychiatric nursing is largely dependent upon the extent to which the School of Nursing meets the challenge to prepare expert psychiatric nurse practitioners and teachers. The three year basic program only prepares the student as a general nurse practitioner and does not pertain primarily to psychiatric education. Students in the other professional disciplines at McLean Hospital are enrolled in collegiate programs on a master's level or are in residency programs. In general, nursing educators are in agreement that schools of nursing in specialty hospitals should only offer educational programs germane to the specialty. In summary, the direction of McLean Hospital is changing and the direction of nursing education in preparation for nursing service must change with it.

Several changes in the complement of the faculty were made. One additional instructor in psychiatric nursing was approved in order to reduce the student number ratio per instructor. The resignation of Miss M. Isabel Newton, Instructor in Science, an able faculty member since 1939 precipitated an alternative plan for teaching sciences since the last class to be taught the basic sciences were to enter in the fall of 1965. Due to the difficulty of obtaining a science instructor for one year, Lewis C. Mokrasch, Ph.D., well qualified in the field of science, was appointed as part time instructor for the fall semester, to teach Anatomy and Physiology and Microbiology. To supplement this arrangement Mr. George L. Frazee, R.N., B.A., appointed as Assistant Science Instructor in January, was promoted to the position of full Science Instructor under the supervision of Dr. Mokrasch. Other new appointments were Miss Davita J. Tenenbaum, A.M., in Medical Science for one semester, replacing Miss Gail D. Mulligan as Instructor in Chemistry, Mrs. Elcha S. Buckman, R.N., B.S., and Mrs. JoAnn H. Smith, R.N., B.S., as Instructors in Psychiatric Nursing replacing Miss Lillian Ladd and Mrs. Mary A. Noble. At the end of the fiscal year one position on the faculty, Instructor in Psychiatric Nursing was still unfilled. Mr. Herbert Mallinson, Instructor in Psychiatric Nursing was granted leave of absence to continue his matriculation for a Master's degree in psychiatric nursing.

Specific and future recommendations to the officers of the hospital are:

1) that the number of psychiatric nursing instructors be increased

by two positions to reduce the student number ratio per instructor according to accepted standards;

2) that monies continue to be allocated for the specific purpose of In-Service Education to provide for growth of individual faculty members;
3) that the School of Nursing library be incorporated with the development of a satisfactory library service with other professional groups, and
4) that the overall facilities of the school be evaluated in the light of future plans for programs in nursing education.

The faculty join me in extending appreciation to all those who contributed in the operation of the School of Nursing this past year and look forward to a continuation of similar relationships in the coming year.

MARGARET C. TIBBETTS, R.N.
Director of the School of Nursing
and Nursing Service

McLean Hospital

Statistics of the School of Nursing and Nursing Service

NURSING PERSONNEL, YEAR ENDING OCTOBER 1, 1965

	WOMEN	MEN	1964-65
Average No. Graduates	76.5	25.7	102.2
Average No. Graduates—*Part-time	5.5	1.4	6.9
Average No. Licensed Practical Nurses	3	0	3
Average No. Accepted Students	21	22	43
Average No. Preclinical Students	17	9	26
Total	123	58.1	181.1
Average No. Psychiatric Aides	61	50.8	111.8
Average No. Psychiatric Aides—*Part-time	6.8	3	9.8
Total	67.8	53.8	121.6
Total No. Preclinical Students Admitted	17	9	26
Preclinical Students Dropped or Resigned	1	1	2
Accepted Students Dropped or Resigned	2	0	2
Total Dropped or Resigned	3	1	4
Students Graduated	4	13	17
Student Veterans Enrolled—P.L. 894	0	1	1

*Expressed in equivalent of full time

NURSING SERVICE PERSONNEL, OCTOBER 1, 1965

GRADUATE NURSES	WOMEN	MEN	TOTAL
Full-time	69	23	92
Part-time*	5.5	1.4	6.9
Total	74.5	24.4	98.9
LICENSED PRACTICAL NURSES	3	0	3
MCLEAN HOSPITAL AND AFFILIATING STUDENT NURSES			
Accepted Students	16	22	38
Preclinical Students	17	9	26
Affiliating Students from Other Schools	62	0	62
Total	95	31	126
TOTAL NURSING PERSONNEL	172.5	55.4	227.9
PSYCHIATRIC AIDES			
Full-time	51	44	95
Part-time*	6.8	3	9.8
Total	57.8	47	104.8
MCLEAN STUDENTS ON AFFILIATION			
Massachusetts General Hospital	12	7	19
The Children's Hospital	0	0	0
Boston Lying-in Hospital	0	0	0
Total	12	7	19
AFFILIATING STUDENTS FROM OTHER SCHOOLS WHO COMPLETED COURSE 1964-1965:			
Massachusetts General Hospital	115	0	115
The Children's Hospital	40	0	40
Peter Bent Brigham Hospital	40	0	40
M.G.H. Coordinated Program	7	0	7
Simmons College School of Nursing	22	0	22
Graduates	12	1	13
Total	236	1	237

*Expressed in equivalent of full time

Report of the McLean Hospital Auxiliary

MARKED increase in membership, a broader scope in our commitment to inform the public about the Hospital and about mental health, and greater service to the patients were conspicuous among achievements in this, the Auxiliary's fourth year.

These and other accomplishments could not have been realized without the hard work of many members plus the sustained interest and support of all members. The unfailing kindness and appreciation which the Hospital, its trustees, director, administrator, staff, employees and patients have shown us in all our endeavors has been inspiring and rewarding.

Under Mrs. George H. Simonds' leadership, the Membership Committee enrolled 121 new members and added 7 to the Life members' roster. We now number 361, including 16 Life members, and we live in 34 towns and cities in 4 states. Members are recorded in an attractive booklet issued in the winter. In April, Mrs. Avery D. Weisman opened her home for a new members' coffee at which Stephen L. Washburn, M.D., described the Day Care Center.

Mrs. Frank H. Westheimer and her Program Committee aroused considerable interest when they presented Francis de Marneffe, M.D., speaking on Observations on "Disturbed Americans"* with Special Reference to McLean Hospital *See "Atlantic Monthly", July, 1964 at the fall meeting. The Seminar Series in the winter months was an outgrowth of the realization that the levels of information about the Hospital and about mental health vary greatly within the membership. From eight topics offered, the members chose the following four: "Where To Turn", Miss Golda Edinburg; "Brief History of Psychiatry and Development of Current Schools of Thought," Peter B. Jenney, M.D.; "Group Therapy: Its Background and Use as a Method of Psychiatric Treatment," Jacob Christ, M.D.; and "Areas of Contemporary Research in Mental Health" by Rose Coser, Ph.D. To the four speakers, all members of the Hospital staff, the Auxiliary again expresses its gratitude. The seminars were so enthusiastically received by members and public that they will be continued.

The Gift Shop has gone forward to become a successful business enterprise which realized a profit of $3600 from February 17, 1964, to March 31, 1965. This amount was presented to the Hospital to be used in its program for redecorating and furnishing patient living areas. Thirty Auxilians worked faithfully to keep the shop open five days a week, 52 weeks in the year from 10:30 a.m. to 3:30, holidays excepted. Our gratitude goes to them and those of them who assumed special responsibilities: buying, Mrs. John A. Donovan, Mrs. Laurence S. Foster, and Mrs. Clarence F. Nickerson; monthly scheduling, Mrs. Mark Hyman, Jr. and Mrs. Earle B. Harvey; monthly inventory, Mrs. John A. Donovan and Mrs. Philip W. Towne; publicity, Mrs. N. Preston Breed and Mrs. Stuart T. Shears; treasurer, Mrs. Philip W. Towne; and training, Mrs. G. Manuel Fenollosa.

Addition of inexpensive gifts, and increased stocks of greeting cards and items for personal comfort and pleasure have met with the approval of the patients for whom the Shop is operated.

Credit for the successful running of the Shop must be shared by the Hospital Liaison Committee which included Mr. Henry Harvey, Assistant Administrator, Mr. Thomas J. Burley, Comptroller, and Mr. Edward Mulligan, Assistant Purchasing Agent. We are grateful to them and their respective staffs. Thanks must also go to Auxilian, Mrs. Edward H. Bradford who made and donated for sale many special Christmas items that were well received.

The Auxiliary's relationship with the McLean Volunteers who antedate us by several years has been made most pleasant by the inclusion on our Board of their chairman, Mrs. Charles A. Coolidge. We value her judgment and her generous contribution of time and effort. Representing the Volunteers with Mrs. Coolidge this year was Mrs. Winthrop S. Jameson, Jr. We thank them and Mrs. Albert Yanow, Director of Volunteers, for a most interesting program with Richard D. Budson, M.D., Mr. Edward A. Shaw, R.N., and Mr. John H. Harvey describing the return to the community of a number of chronic male patients through the team effort of dedicated volunteers and hospital staff. This constituted the program at the first joint awards ceremony on June 3rd. The Hospital played host and graciously recognized the efforts of 48 Auxilians and Volunteers. Mr. Ralph Lowell, Trustee, Dr. Francis de Marneffe, Director and Mr. Henry J. Langevin, Administrator, made the awards. The Auxiliary thanks them for their salutations and the Hospital for its recognition of our members' efforts

The Fourth Annual Strawberry Festival took place on May 5th at the Hospital. It featured a fashion show, May basket luncheon, and gift and plant sale. Polly Watson of Belmont, nationally known designer, most generously showed her collection of clothes which were modeled by Auxiliary members in Pierce Hall. Mrs. A. G. Cranney master minded a delicious luncheon in colorful May baskets. Mrs. Fenollosa and her committee served sherry to sponsors before the luncheon, and Mrs. Robert C. True and her workers ladeled out strawberries on shortcakes in the Rehabilitation Center where all gathered for desert and gift and plant buying after the fashion show. The Starbrook Selection of gifts for all occasions, and plants and flats of annuals raised by the Patient-Volunteer Garden Club were on sale all day, and the sale of gifts continued for the two following days. Mrs. Howard F. Taylor was chairman of the fashion show and luncheon, Mrs. Carl F. Floe, of the gift sale, and Mrs. Coolidge of the plant sale. To them and the many Auxilians who were their willing helpers, goes praise for a very chic and well run affair. $1400 was raised for the Outpatient Clinic to be used specifically in its moving operation.

The activities of the Auxiliary were excellently chronicled throughout the year by Mrs. Breed's *Newsletter* in its fall, winter, and spring issues, and by her contributions to the Hospital's *NEWSLETTER* and to the local newspapers. Mrs. James C. Hopkins, Jr., Public Relations Director for the Hospital and Auxiliary member, secured excellent space in the Boston papers to publicize the seminar series and the Strawberry Festival. Being a link between the Hospital and the community is one of our chief purposes, and such good use of news media, our own and the public's, is one of our most effective instruments.

Hospital Liaison Chairman, Mrs. James A. Haycox, saw to the welcoming of wives of new residents at the Hospital, both before and on arrival. They were made courtesy members of the Auxiliary and were entertained at tea in November at the home of Mrs. John Cancian. Plans were started in late spring to participate in a cooperative venture with the MGH Service League. The League stores at McLean used furniture which is made available to interns and residents from foreign countries.

Library Chairman, Mrs. John W. Weeks, in conjunction with Mrs. Haycox and Miss Coffey, Hospital Librarian and Auxiliary member, worked out a distribution system for magazines and books to reach out into patients' living areas.

Tours of the Hospital were arranged by Mrs. Cancian after the fall meeting when an unusually large number participated. After two of the seminars, smaller groups were conducted about the Hospital by members of the Social Service Department.

Two scholarship requests were presented by Mrs. Alfred H. Stanton, Nursing Scholarship Chairman, and granted to upper class students in the Nursing School, The $50 annual Lucile Pitcher Memorial Award for Excellence in Psychiatric Nursing was given, on the School's recommendation, to James K. Foster at the Nursing School graduation exercises in September.

Hospitality was dispensed graciously and efficiently by Mrs. Roswell D. Armstrong and Mrs. Robert C. True at the Auxiliary's public occasions and at its Board meetings.

The Auxiliary was represented at the Coordinating Committee meetings of the MGH and at the meetings of the Greater Boston Regional Group of Auxiliaries of the Massachusetts Hospital Association. At the winter meeting of the latter, the president was a panelist and talked about the Hospital and the Auxiliary.

For their splendid support and tireless activity, the president is indebted to her fellow officers: Mrs. Howard F. Taylor, Vice-President, Mrs. W. Warren Point, Recording Secretary, Mrs. William C. McDonald, Corresponding Secretary, and Mrs. Vincent L. Hennessy, Treasurer.

The rapid growth in membership and the interest and support of so many people, besides being a tribute to the zeal of Mrs. Simonds and her Membership Committee, must surely indicate an increased awareness of and interest in the field of mental health. A desire of many people to learn about the role of McLean Hospital in the community and to be identified with its aims is apparent, and it is the goal of the Auxiliary to work towards its greater fulfillment.

PRISCILLA S. AIKENHEAD
(Mrs. John D.)
President

Directory

ALUMNI AND PRESENT MEMBERS OF THE HOSPITAL STAFF

Present members of the Hospital Staff are indicated by (*). McLean Hospital is indicated by (McL).

The abbreviation M.G.H. is used when the address is the Massachusetts General Hospital.

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M.G.H.

Abi-Torbey, Khalill, *Urology* '62
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Matchett, Foster L.
Middlebrook, Gardner
Mitchel, Duane H.
Packard, George B.
Peterson, Edwin W.
Robinson, William A.
Rosenkrantz, Jens G.
Singleton, John W.
Spencer, J. Robert
Toll, Giles D.
Waddell, William R.

CONNECTICUT

Bridgeport
Flagg, James A.
Strayer, Luther M., Jr.

Canton
Griggs, John B.

Danbury
Fornshell, Robert P.
Sweet, Paul L.

Darien
Mulford, Edwin H., II

Fairfield
Harris, H. Patterson, Jr.

Farmington
Egloff, Frank R. L.
Pike, Maurice M.

Hartford
Bloomberg, Wilfred
Bower, Bruce F.
Donovan, James F.
Fairlie, Chester W., Jr.
Fox, Brendan M.
Greene, Gerald S.

Hepburn, Robert H.
Johnson, Paul R.
Locke, Harry L. F.
Lowell, William H., Jr.
McPherson, Sidney R.
Ogden, Ralph T.
Seigle, Stewart P.
Stolman, Joseph M.
Sweet, Elliott B.
Thomas, John B.
Wood, Edwin C.

Manchester
Breer, Robert D.

Meriden
Wallace, Edward P.

Milford
Timm, Alexander B., Jr.

New Britain
Bosco, Harold F.

New Canaan
Hiden, Robert B.

New Haven
Abrahamian, H. Arto
Blodgett, Frederic M.
Colwell, Howard S.
Cook, Charles D.
Ewell, John W.
Fuldner, Russell V.
Glenn, William W. L.
Greene, Nicholas M.
Harrison, Elizabeth R.
Harvey, Richard B.
Hathaway, John S.
Hunt, Samuel P.
Johnson, F. George
Kneisel, John J.
Meigs, J. Wister
Morris, John McL.
O'Brien, William M.
O'Connor, Denis S.
Rogers, Orville F.
Smith, Howard W.
Schuntermann, Peter, P. E.
Whitford, Warren

New London
Barry, Richard M.
Jones, William N.

Norwalk
Gens, John P.

Norwich
Kettle, Ronald H.

Sharon
Gevalt, Frederick C., Jr.

Stamford
Kraut, Herbert L.

Stratford
Licciardello, Anthony T.

Washington
Tenney, Benjamin

Waterbury
Cole, Clarence H.
Harty, John E.

West Hartford
Coley, Mary S.
James, Lewis P., Jr.
Jones, Frank S.
Riege, David H.

West Haven
Gordon, Philip S.

Westport
Healey, James C.

Woodstock
Forbes, Cecile Politis

DELAWARE

Wilmington
Kimura, Kazuo K.
Maroney, John W.

DISTRICT OF COLUMBIA

Washington
Breslow, Alexander
Cole, Monroe
Edmonds, Henry W.
Flaxman, B. Alan
Goldberg, Alan H.
Halsted, James A.
Herrmann, John B.
Jessner, Lucie
Koppel, Elizabeth A.
Lehaman, Ralph A. W.
Luessenhop, Alfred J.
McCune, William S.
Miller, R. Bretney
Peters, John H.
Randolph, Judson G.
Ruffin, Marshall deG.
Sabin, Hilbert S.
Steenburg, Edmund K.
Tabor, Celia White
Tobin, William J.
Warren, Stafford L.
Watts, James W., II
Wood, William E.
Yankauer, Alfred

FLORIDA

Clearwater
Howard, Fred H.

Coral Gables
Keiser, Robert P.

Daytona Beach
Shedden, William M.

Delray Beach
Howard, Herbert H.
Fort Lauderdale
Pierce, Francis D.
Simon, Royal L.
Gainesville
Collins, George H.
Kaufman, Herbert E.
Lowe, Charles U.
Robbins, John B.
Schiebler, Gerald L.
Indian Rocks Beach
McDonald, William
Jacksonville
Davis, James McC.
Lake City
Stall, Bernard G., III
Lakeland
Fuller, Henry
Thompson, Edgar B., III
Lantana
Brock, Benjamin L.
Lighthouse Point
Stewart, John D.
Miami
Ehrenkranz, Nathaniel J.
Greenberg, Jack J.
Justi, Raymond A.
Miami Beach
Capland, Lewis
Miami Shores
Hoffman, Nancy Davis
Miami Springs
Watson, J. Laxton
Orlando
Broome, Robert A., Jr.
Ormond Beach
Bullwinkel, Bob
Pensacola
DeBusk, Franklin L.
Graybiel, Ashton
Holmes, S. Grant
Smith, Raphael F.
Wirthlin, Leroy S.
Sarasota
Clement, S. Preston, Jr.
Vance, Lewis A.
Vance, Robert G.
Tallahassee
Fort, Frank L.
Tampa
Drewry, Garth R.
Venice
Baxter, Cecil F.
Radcliffe, Ernest J.

GEORGIA
Athens
Goldsmith, Lauren H.
Talmadge, S. McN.
Atlanta
Calhoun, F. Phinizy, Jr.
Claiborne, T. Sterling
Cobbs, Beverly W., Jr.
Dillon, Harold T., Jr.
Dimon, Joseph H., III
Donnelly, Elwin W.
Ferguson, Ira A., Jr.
Goldberg, Leon I.
Henderson, Brian E.
Isaacs, James P.
Martin, Albert R.
McPhedran, Alexander M.
Moore, Gordon T.
Noble, John J., Jr.
Sparling, Philip F.
Tuttle, Elbert P., Jr.
Columbus
Vaughan, Robert H.
Decatur
Bartlett, Walter M.
East Point
Tucker, Robert P.
Gainesville
Banks, Rafe, Jr.
Marietta
Mathis, William H., Jr.
Savannah
Brown, F. Bert
Sea Island
Wood, James A.

HAWAII
Honolulu
Dodge, Richard S.
Ginandes, Shepard C.
Moellering, Robert C., Jr.
Stewart, Steele F.
Strachley, Clifford J., Jr.
Wong, Livingston, M.F.
Yee, Lester P. K.
Waiakoa
McGovney, Richard B.

ILLINOIS
Chicago
Bliss, Harry A.
Braudo, Joseph L.
Brown, R. Gordon
Capps, Richard B.
Coolidge, Thomas B.
Drachman, David A.

Howe, Henry F.
Lewis, Michael B.
Meyer, Harold I.
Mixter, George, Jr.
Nilges, Richard G.
Paul, Oglesby
Perkins, John F., Jr.
Pietra, Guiseppe G.
Rabinowitz, Murray
Shorey, William D.

Evanston
Nellhaus, Gerhard

Hinsdale
Hall, Buford

Jacksonville
Norbury, Frank B.

Lake Bluff
Ward, John L.

Lemont
Brues, Austin M.

Springfield
Rauh, Albert E.

Urbana
Maynard, Guy B., Jr.

Waukegan
Waldman, Jerome

Winnetka
Clarke, Burdik G.

INDIANA

Anderson
Weiss, Louis L.

Hammond
Peiffer, Geraldine M.

Indianapolis
Donohue, John P.
Hamilton, Howard B.
Mealey, John, Jr.
Stetson, John B.
Wishard, William N., Jr.

Richmond
Kennedy, Robert P.

IOWA

Des Moines
Gordon, Arnold M.

Iowa City
Dulin, John W.
Larson, Carroll B.
Locksley, Herbert B.

Oskaloosa
Catterson, LeRoy F.

Waterloo
Bickley, Donald W.

KANSAS

Topeka
Sack, Lawrence C.

Wichita
Blubaugh, Sidney A.
Knapp, M. Robert

KENTUCKY

Fort Campbell
Leonard, Lawrence M.

Harlan
Arrowood, Julia G.
Elliot, Howard L.

Lexington
Chamberlin, Robert W., Jr.
Eiseman, Ben
Francis, Lewis
Massie, William K.
Pearl, Don C., Jr.
Scott, Thornton
Wheeler, Warren E.

Louisville
Atherton, L. Douglas
Bate, John T.
Bornstein, Allan M.
Harter, John S.
Jackson, Benjamin B.
Miller, William L.
Towery, Beverly T.

LOUISIANA

Baton Rouge
Hansen, Robert H.
Madey, Stephen L.

New Orleans
Morris, Harry D.
O'Brien, Charles P., Jr.

Shreveport
Ledbetter, Betsy A.
McIntyre, Patricia A.
Reed, Carson R., Jr.

MAINE

Auburn
Thacher, Henry C.

Augusta
Stinchfield, Alan J.

Bangor
Brown, Lloyd
Clement, James D., Jr.

Bath
Burden, Charles E.

Brunswick
Macomber, Donald

Caribou
Collins, H. Douglas

Ellsworth
Suyama, Eji
Falmouth
Sowles, Horace K.
Friendship
Frost, Harold M.
Northeast Harbor
Fitch, Ralph R.
Portland
Bidwell, Robinson LeR., II
Burrage, William C.
Drake, Emerson H.
Hawkes, Richard S.
Hiebert, Clement A.
Holt, Charles L.
Johnson, Oscar R.
McDermott, Leo J.
Thaxter, Langdon T.
Thompson, Philip P., Jr.
Saco
Stevens, Harold W.
Waterville
Stocks, Joseph F.

MARYLAND
Aberdeen Proving Ground
Depriest, Oscar S.
Baltimore
Adams, John E.
Firminger, Harlan I.
Fritz, William F.
Gay, Leslie N.
Grossman, Milton S.
Hollander, Joshua
Howard, John E.
King, W. Bradley, Jr.
Meath, James A.
Mirkin, Gabriel B.
Osborn, June E.
Phelps, Winthrop M.
Remensnyder, John P., Jr.
Sutherland, George F.
Talalay, Paul
Thomas, Henry M., Jr.
Von Kessler, Kirby L. C.
Walser, Mackenzie
Zuidema, George D.
Bethesda
Atkinson, Arthur, Jr.
Behrendt, Douglas M.
Bishop, J. Michael
Black, Paul H.
Brown, Crawford S.
Burke, Robert E.
Butler, William T.
Churchill, W. Hallowell, Jr.
Davis, John M.
Engleman, Karl
Forget, Bernard G.
Garren, Leonard
Gelehrter, Thomas D.
Gold, Gerald N.
Harris, Edward D., Jr.
Harting, Donald
Herman, Albert E.
Hirschman, Shalom Z.
Hutton, John J.
Jamison, Rex L.
Korn, David
Laster, Leonard
Lees, Robert S.
Lehrich, James R.
Lotz, Myron
Majerus, Philip W.
Mansfield, Peter B.
Mudd, S. Harvey
Parker, John C.
Robinson, Esther H.
Rogentine, George N., Jr.
Root, Richard K.
Rose, James A.
Sarnoff, Stanley J.
Schimke, Robert T.
Sheagren, John N.
Spann, James F., Jr.
Strauss, John S.
Steckel, Richard J.
Turner, John D.
Vagelos, Pindaros R.
Vessell, Elliot S.
Waldmann, Thomas A.
Warshaw, Andrew L.
Waxman, Herbert S.
Wolff, Jan
Wurtman, Richard J.
Wynne, Lyman C.
Chevy Chase
Brown, Robert H.
Clapp, Stewart
Davis, Burnet M.
Varney, Hewitt I.
Easton
Stoddard, James K.
Ellicott City
Molliver, Mark E.
Fort Meade
Krickstein, Herbert I.
Hagerstown
Greene, D. Crosby, Jr.
Rockville
Hafter, S. Sheila

Silver Spring
- Leventhal, Brigid G.
- Leventhal, Carl M.
- Waldmann, Katharine Spreng

Takoma Park
- Blunden-Morris, Dulcie E.

Wheaton
- Sanders, Jay H.

MASSACHUSETTS

Andover
- Holihan, Joseph P.
- Seeley, Clinton B.
- Waddington, Earle J.

Arlington
- Benda, Clemens E.
- Burbank, Charles B.
- Herzan, Helen M.
- Olin, Morton J.
- Saunders, Gordon A.
- Wilgram, George F.

Attleboro
- Hill, Leonard W.
- Rae, Donald B.

Auburndale
- LeVine, Herbert O.

Bass River
- Anderson, Elroy E.

Bedford
- Clifford, M. Henry

Belmont
- Aeschliman, Barbara L.
- Altschule, Mark D.
- Autilio, Lucila A.
- Bell, Norman W.
- Bonier, Richard J.
- Bornstein, Irving D.
- Budson, Richard D.
- Cain, Arthur J.
- Christ, Jacob
- Churchill, Edward D.
- Clark, John G., Jr.
- Coleman, Roy M.
- Coser, Rose L.
- Davidson, Edwin M.
- de Marneffe, Francis L. A.
- Dinsmore, Paul R.
- Eichberg, Joseph, Jr.
- Eldred, Stanley H.
- Esmiol, Pattison
- Feingold, Albert M.
- Fern, Donald J.
- Fischberg, Bruce W.
- Folch-Pi, Jordi
- Green, Sidney
- Hallenbeck, Dorr F., Jr.
- Hanflig, Samuel S.
- Hauser, George P.
- Haycox, James A.
- Hermann, Howard T.
- Hess, Helen H.
- Howard, Paul M.
- Jenney, Peter B.
- Kahne, Merton J.
- Kaufman, Irving
- Kayce, Melvin M.
- Kenney, Helen J.
- Kershaw, Beatrice R.
- Lawson, George B.
- Longabaugh, Richard H.
- Malone, Michael J.
- Mayman, Chaim I.
- Melbin, Murray
- Miller, Martin A.
- Mintz, Norbett L.
- Mintz, Sophie B.
- Mokrasch, Lewis C.
- Mueller, H. Peter
- Nalebuff, Edward A.
- Nuttall, Ronald L.
- Pant, Shyam S.
- Perry, Jalna A.
- Pope, Alfred
- Post, Jerrold M.
- Robertson, J. David
- Robbins, Michael D.
- Robinson, Phelps M.
- Ross, Mathew
- Schnitzer, Robert D.
- Semon, Ralph G.
- Sherman, Lewis J.
- Solomon, Leonard F.
- Spillane, John B.
- Stanton, Alfred H.
- Stauffer, Ruth E.
- Stiver, Irene Pierce
- Stoffyn, Anne Marie
- Stoffyn, Pierre J.
- Stone, Alan A.
- Stone, Lawrence A.
- Trivus, Robert H.
- Walker, Michael J.
- Walter, Mark M.
- Washburn, Stephen L.
- Weisman, Avery D.
- Wermer, Henry
- Wermer, Olga S.
- Ziskind, Alan E.

Beverly
- Alt, Richard E.
- Fienberg, Robert

Lamkins, Burnham E.
MacDonald, Alexander S., Jr.
Parkhurst, Albert E.
Risley, Thomas S.
Todd, Barnard P.

Boston
Abbott, John A.
Abbott, William M.
Abramowicz, Mark
Ackerman, Irving P.
Ackroyd, Frederick W.
Adams, F. Dennette
Adams, Herbert D.
Adams, John, Jr.
Adams, Raymond D.
Agranat, Barry J.
Aisenberg, Alan C.
Allen, David W.
Allen, Henry F.
Alpers, David H.
Ames, Adelbert, III
Andrew, Norman W.
Anliker, James E.
Arnason, Barry G. W
Aronow, Saul
Asbury, Arthur K.
Aster, Richard H.
Atkins, Leonard
Aub, Joseph C.
Aufranc, Otto E.
Austen, K. Frank
Austen, Wm. Gerald
Autor, Sherry B.
Baddock, Sheldon S.
Baden, Howard P.
Badger, Theodore L.
Baker, Edward P.
Baker, George P., Jr.
Baker, Myles P.
Baker, William H.
Balboni, Victor G.
Baler, Lenin A.
Ballantine, H. Thomas, Jr.
Balogh, Karoly
Bandler, Bernard
Banks, Henry H.
Barlow, John S.
Barlow, Joseph J.
Barnes, Ann R.
Barnes, Benjamin A.
Barnett, G. Octo
Barry, Herbert J., Jr.
Bartlett, Marshall K.
Barton, Theodore C.
Battit, George E.
Beck, William S.
Beecher, Henry K.
Behringer, Glenn E.
Bell, Eugene
Bell, George O.
Bell, Michael H.
Bendixen, Henrik H.
Benedict, Edward B.
Benedict, Patricia H.
Berenberg, William
Bernstein, Norman R.
Bigelow, Frederick S.
Binger, Carl A. L.
Bird, Kenneth T.
Bland, Edward F.
Blane, Howard T.
Blank, Irvin H.
Blennerhassett, John B.
Bloch, Kurt J.
Bloom, Edward R.
Bohrer, Stanley P.
Bostic, William C.
Boyd, Robert J.
Brendler, Samuel J.
Brendze, Robert B.
Briefer, Caesar, Jr.
Brockhurst, Robert J.
Brown, Thornton
Brownell, Gordon L.
Brubaker, Richard F.
Brunjes, Carl F.
Bucher, Nancy L. R.
Bullivant, Stanley
Burke, John F.
Burnett, Jean B.
Burnham, Charles A.
Burr, Paul M.
Burrage, Walter S.
Burwell, C. Sidney
Bush, Richard D.
Bushnell, Leonard S.
Byers, Randolph K.
Caner, G. Colket
Cannon, Bradford
Carey, Robert W.
Carnes, Harold A.
Carter, Edwin L.
Carter, George H.
Carter, James R., Jr.
Cass, John W.
Casten, Virgil G.
Castle, William B.
Castleman, Benjamin
Catlin, Randolph, Jr.
Caulfield, James B.
Cave, Edwin F.

Boston (continued)

Chafetz, Morris E.
Chalfin, Robert M.
Chandler, Hugh P.
Chapman, Earle M.
Chase, Thomas N.
Christman, George
Civan, Mortimer M.
Clark, Wallace H., Jr.
Clifford, Stewart H.
Cobb, Stanley
Cochran, William D.
Coggins, Cecil H.
Cohen, Johnathan
Cohen, Mandel E.
Cohen, Richard B.
Cole, Edwin M.
Coletta, Cesare G.
Connelly, John P.
Constable, John D.
Coons, Albert H.
Cope, Oliver
Copeland, Robert B.
Corning, Howard B.
Crabtree, Harvard H.
Crawford, John D.
Cronkhite, Leonard W., Jr.
Culver, Perry J.
Currens, James H.
Daland, Ernest M.
Dalton, Brian C.
Dalton, John C.
Damon, Albert
Darrow, Robert A.
d'Autremont, Chester C.
Davidoff, Frank F.
Davidson, Gerald E.
Davies, John A. V.
DeGroot, Leslie J.
DeLorme, Thomas L.
d'Elseaux, Frank C.
DeSanctis, Roman W.
Deuel, Thomas F.
DeWilde, Herman
Deykin, Daniel
Diamond, Louis K.
Dickson, D. Neil
Dienes, Louis L.
Dinsmore, Robert E.
Dodge, Philip R.
Donaldson, Gordon A.
Donovan, Donald D.
Dreyfus, Pierre M.
Dreyfuss, Jack R.
Drier, Theodore, Jr.
Duda, Gerhart A.
Duff, Arthur W.
Duffy, Frank H.
Duhl, Frederick J.
Dumont, Matthew P.
Dyer, Thomas E.
Ebisuzaki, Kaney
Efron, Mary L.
Egbert, Lawrence
Eger, William H.
Eisen, Arthur Z.
Eliot, Christopher R.
Ellis, Daniel S.
Ellis, Lawrence B.
Endee, Charles H.
Engel, Lewis L.
England, Albert C., Jr.
Ervin, Frank R.
Estes, Joseph W.
Farmer, Douglas A.
Faulkner, James M.
Fawsett, Don W.
Federman, Daniel D.
Feigin, Ralph D.
Feingold, Murray
Ferris, Benjamin G.
Field, Mark G.
Field, Richard A.
Finck, Albert J.
Fine, Jacob
First, Robert A.
Fisher, C. Miller
Fishman, Claire A.
Fitzhugh, Greene
Fitzpatrick, Thomas B.
Fiumara, Nicholas J.
Flax, Martin H.
Fleming, T. Corwin
Fodor, Iris E.
Foley, F. Daniel
Folkman, Moses J.
Follensby, Edna M.
Forbes, Anne P.
Foster, Gerald S.
Fowler, Joseph W. III
Frankel, Freddy H.
Franklin, William
Franseen, Clifford C.
Frantz, Andrew G.
Frazier, Howard S.
Freedberg, Irwin M.
Freedman, Harold J.
Freinkel, Ruth K.
Fremont-Smith, Maurice
Freymann, John G.
Fried, Marc A.
Friedlich, Allan L.

Boston (continued)
Ganz, Robert N.
Garcia John
Gardella, Joseph W.
Gardner, George E.
Garland, Joseph
Garrett, John W. D.
Gauld, A. Gordon
George, Jack M.
Gephart, F. Thomas
Gergely, John
Gibbs, Richard F.
Gill, Peter Lawrence
Glicklich, Earl A.
Glimcher, Melvin J.
Globus, Gordon G.
Glotzer, Donald J.
Golde, Peggy J.
Goldfinger, Stephen E.
Goodman, Derek J.
Goulian, Mehran
Grainer, David W.
Gray, William
Green, Thomas H., Jr.
Griesemer, Robert D.
Griffith, Donald P.
Griffith, John F.
Grillo, Hermes C.
Griscom, Nathan T.
Gross, Jerome
Grove-Rasmussen, Morton
Grover, John W.
Grunebaum, Henry U.
Guralnick, Walter C.
Haber, Edgar
Hackett, Thomas P.
Haendel, Frank
Haessler, Herbert A.
Hagopian, Peter B.
Hakomori, Sen-itiroh
Hall, Thomas C.
Hallowell, Phillips
Hamlin, Edward, Jr.
Hammond, Graeme L.
Harris, Eddie H.
Harthorne, J. Warren
Harris, William H.
Harwood, Reed
Haschemeyer, Audrey E. V.
Hashimoto, Ken
Hayden, E. Parker
Head, John M.
Herberman, Ronald B.
Hedberg, Stephen E.
Hedley-Whyte, John
Helfant, Murray H.
Hendren, W. Hardy
Hendrick, Ives
Henneman, Elwood
Herbst, Arthur L.
Hill, Lewis W.
Hill, William R.
Hirsch, Oscar
Hoffer, Alex
Holder, Richmond
Holland, James G.
Hollander, Josua
Holmes, Lewis B.
Howe, Henry D.
Howe, Louise P.
Huber, William M.
Hugenberger, Paul W.
Huggins, Charles E.
Humphreys, Storer P.
Huntington, Benjamin L.
Hurxthal, Lewis M.
Hutcheson, Bellenden R.
Huttenlocher, Peter R.
Hyslop, Newton E., Jr.
Ingersoll, Francis M.
Irwin, John W.
Isselbacher, Kurt J.
Jacobson, Bernard M.
Jacobson, Gary
Jacoby, George A., Jr.
Janower, Murray L.
Jardetzky, Oleg
Jeanloz, Roger W.
Johannet, Pierre
Jones, Chester M.
Jones H. Walter, Jr.
Jones, Wallace A.
Jones, Wm. Norman
Joplin, Robert J.
Joseph, John B.
Kagan, Jerome
Kail, Alexandra M.
Kalckar, Herman M.
Kalin, Theodore A.
Kane, Lewis W.
Kantor, Martin J.
Kantrowitz, Paul A.
Karian, Edward
Kashket, Shelby
Katz, Samuel L.
Kazanjian, Kenneth A.
Kazanjian, Varaztad, H.
Kazemi, Homayoun
Kearsley, Richard B.
Keenan, M. Edward
Keenan, Thomas J.
Keitt, Alvan S.

Boston (continued)

Keller, John W.
Kelley, Rita M.
Kelley, Sylvester B.
Kelly, Edward J.
Kerr, Walter S., Jr.
Ketchum, William F.
Kimball, Peter G.
King, M. Vernon
Kinsey, Dera
Kite, Owen W.
Kjellberg, Raymond N.
Klein, Donald C.
Kliman, Bernard
Kline, Robert M.
Knapp, Peter H.
Knowles, John H.
Koch-Weser, Jan
Kohn, Henry I.
Kopald, Hugh H.
Kozol, Harry L.
Krane, Stephen M.
Kranes, Alfred
Kravitz, Arthur R.
Krayer, Otto
Kubik, Charles S.
Kuhns, John G.
Kulka, Johannes P.
Kunz, Lawrence J.
Lamdin, Susanne J.
Lamont, John H.
Lang, David J.
Lata, Gene F.
Laver, Myron B.
Lawrence, Glenn W.
Leadbetter, Guy W., Jr.
Leadbetter, Wyland F.
Leaf, Alexander
Leak, Lee V.
Leake, Donald L.
Leeman, Cavin P.
Lele, Padmakar P.
Lerman, Jacob
Leskowitz, Sidney
Lever, Walter F.
Levine, Herbert J.
Levitan, Julius J.
Lewis, John L., Jr.
Lincoln, Robert C.
Little, John B.
Littlefield, John W.
Livingstone, John B.
Lo, Hing-Har
Lombroso, Cesare T.
Lorch, Stephen
Lorenz, Maria
Lowell, Francis C.
Lowell, J. Drennan
Lowenstein, Edward
Lowis, Samuel
Ludwig, Alfred O.
Lund, Charles C.
Lupien ,Gordon F.
Mabrey, Roy E.
MacAusland, William R., Jr.
Mack, John E.
Mackay, Harry A.
Mackay, Malcolm
MacLeod, Gordon K.
MacMillan, Alexander S., Jr.
Malone, Lawrence J.
Maloof, Farahe
Malt, Ronald A.
Mann, Walter
Mannik, John A.
Manson, James G.
Manzi, Rita A.
Marble, Alexander
Marcus, Saul M.
Mark, Vernon H.
Martin, Donald B.
Mason, Edward A.
Masters, Richard
Mayer, Richard F.
Maynard, Edwin P., III
Mayo, Richard A.
McAlpine, Frederick S.
McArthur, Janet W.
McClymont, James C., Jr.
McCully, Kilmer S.
McDermott, William V., Jr.
McGill, Raymond J., Jr.
McGrath, Edward F.
McGuire, Michael T.
McKhann, Charles F.
McKittrick, John B.
McKittrick, Leland S.
McNeely, William F.
McNeill, J. Malcolm
McPeek, Bucknam
Means, James H.
Medrek, Theodore F.
Mello, Nancy K.
Mendelson, Jack H.
Messner, Edward
Michelsen, Jost J.
Miller, Abbott R.
Mills, John A.
Miner, Richard L.
Ming, Si Chun
Misch, Robert C.
Mixter, Charles G., Jr.

Boston (continued)

Molloy, Maureen K.
Monaco, Anthony P.
Moolton, Frederick L.
Moore, Francis D.
Morris, Peter J.
Morris, Roger H.
Morrison, Harvey R.
Moser, Hugo W.
Moses, John M.
Moss, Gerald S.
Mueller, Harry L.
Muller, James J.
Murphy, John D.
Murphy, William F.
Murray, Joseph E.
Myers, Gordon S.
Nadas, Alexander S.
Nardi, George L.
Nash, Andrea H.
Nash, Gerald
Nathan, Louis
Nebesar, Robert A.
Neidorf, Edward
Nemiah, John C.
Neuhauser, Edward B. D.
New, Paul F. J.
Nikaido, Hiroshi
Norcross, John W.
Noss, George M.
Ojemann, Robert G.
Okun, Milton R.
Olin, Harry S.
Orr, James C.
O'Shea, Clare Marshall
Otto, William J., Jr.
Oulette, Robert
Page, Lot B.
Palmer, Robert S.
Pappas, Arthur M.
Parkhurst, Edward C.
Parsons, Langdon
Pathak, Madhukar A.
Pearlman, Alan L.
Pechet, Maurice M.
Peebles, Richard R.
Pendergrass, Henry P.
Perlo, Vincent P.
Phillips, Edgar B., III
Picard, Ernest H.
Pier, Arthur S., Jr.
Pierce, Donald S.
Poczatek, Zygmunt W.
Point, W. Warren
Pollen, Daniel A.
Pollard, James J.
Pontopidan, Henning
Potsaid, Majic S.
Porter, Huntington
Poskanzer, David C.
Poulin, Frederick K.
Pratt, Theodore C.
Prensky, Arthur L.
Prescott, Richmond
Putschar, Walter G. J.
Quarton, Gardner C.
Quinby, John T.
Quinby, William C., Jr.
Rabe, Edward F.
Rabkin, Mitchell T.
Rackemann, Francis M.
Radin, Eric L.
Raker, John W.
Randerath, Erika E.
Randerath, Kurt
Rapin, Annette M. C.
Record, Eugene E.
Reid, Duncan E.
Reiser, David E.
Rendall, Edward S.
Replogle, Robert L.
Revere, George W.
Reyersbach, Gertrud C.
Reynolds, Stephen L.
Rice, Jack O.
Rich, James G.
Richardson, Edward P.
Richardson, George S.
Rieder, Sidney V.
Riley, Augustus
Riseborough, Edward J.
Robbins, Laurence L.
Robertson, Charles W.
Robinson, Dwight R.
Robinson, John C.
Rodkey, Grant V.
Ropes, Marian W.
Rosales, Remedios K.
Rosenberg, Earle H.
Rosenberg, Irwin H.
Rosenberger, Peter B.-B.
Rosenblith, Judy F.
Roth, Sanford I.
Rourke, James A.
Rowe, Carter R.
Runyon, Robert C.
Russell, Paul S.
Russfield, Agnes B.
Rutstein, David D.
Sabesin, Seymour M.
St. Goar, Walter T.
Salam, Maria V. Z.

Boston (continued)
Salib, Philip I.
Salzman, Edwin W.
Samaha, Frederick J.
Sanchez, Guillermo C.
Sanders, Charles A.
Sandler, Allan I.
Sanford, Barbara H.
Satin, David G.
Scannell, J. Gordon
Schapiro, Robert H.
Scheuplein, Robert
Scholl, Mary Louise
Schulz, Milford D.
Schuster, Samuel R.
Schwab, Robert S.
Scott, Jesse F.
Scully, Robert E.
Sears, John B.
Seigne, Talbot D.
Selverstone, Bertram
Semrad, Elvin V.
Senior, Boris
Shangraw, Keith A.
Shannon, Daniel C.
Shattuck, George C.
Shaw, Robert S.
Shein, Harvey M.
Sheldon, Charles P.
Short, Charles L.
Sidel, Victor W.
Sidman, Murray
Sidman, Richard L.
Sifneos, Peter E.
Silverman, Samuel
Simmel, Marianne L.
Simmons, Alvin J.
Simon, Harold
Sisson, John H.
Sisson, Warren R.
Skinner, James C.
Slater, Eliot M.
Sledge, Clement B.
Sleeper, Edward L.
Smith, Clement A.
Smith, Gene M.
Smith, Richard M.
Smith-Petersen, Morten
Smithwick, Reginald H.
Sneddon, Ernest A.
Snyder, John C.
Sohier, W. Davies, Jr.
Solomon, Harry C.
Soloway, Albert H.
Sosman, John L.
Soyka, Lester F.
Spear, Louis M.
Speare, George S.
Spellman, John W.
Spencer, Katherine
Spinelli, Ralph W.
Squires, Homer J.
Stachiewicz, Danuta M.
Stasson, William B.
Stephenson, Mary L.
Stoddard, Lawrence T.
Stoeckle, John D.
Stone, Bartlett H.
Strasburger, Larry H.
Stratton, Kathleen
Strickler, William L.
Strole, William E., Jr.
Sturdevant, Charles L.
Sturgis, Somers H.
Suby, Howard I.
Sukenik, Herbert J.
Sullivan, William H.
Suwa, Kunio
Swan, Charles L., Jr.
Swartz, Jacob H.
Swartz, Morton N.
Sweet, William H.
Szabó, George
Taft, Edgar B.
Taft, Priscilla D.
Talbot, Nathan B.
Talland, George A.
Tanzer, Marvin L.
Tefft, Melvin
Thomas, William H.
Tilley, Robert F.
Todd, Donald P.
Tolman, E. Laurie
Tolman, Maurice M.
Tomchik, Frederick S.
Trachtenberg, Howard A.
Travis, Dorothy F.
Trevett, Laurence D.
Tucker, Walter I.
Ulfelder, Howard
Urbaniak, Henry S., Jr.
van Amerogen, Suzanne T.
Vanderveen, James L.
Vickery, Austin L., Jr.
Villee, Dorothy B.
von Felsinger, John M.
Walzer, Sarita G.
Wang, Chiu-an
Wang, Chiu-chen
Ware, Roland G., Jr.
Warner, Frank A.
Warren, Richard
Watkins, Arthur L.
Watson, Barbara K.
Waud, Barbara E.

Boston (continued)
Weber, Alfred L.
Webster, Edward W.
Webster, Henry deF.
Wedrow, Earl M.
Weinberg, Arnold N.
Weiner, Leonard R.
Weinfeld, Marvin S.
Weinstein, Louis
Weisberger, David
Weiss, Alfred D.
Welch, Claude E.
Wells, Lionelle D.
Wheeler, Edwin O.
Wheelock, Frank C., Jr.
White, James C.
White, Paul D.
Whiting, Richard G.
Wilkins, Earle W., Jr.
Wilkinson, Harold A.
Williams, Conger
Williams, Harold W., Jr.
Williams, Vernon P.
Wills, A. Allison, Jr.
Winkler, Gerald F.
Winn, Henry J.
Winter, Peter M.
Wolf, Irving
Wolfe, Hubert J.
Woodruff, Lorande M.
Wright, Barbara E.
Wright, R. Lewis
Wurtman, Richard J.
Wyman, Edwin T., Jr.
Wyman, Stanley M.
Yakovlev, Paul I.
Yenel, Faruk M.
Young, D. Michael
Young, Robert A.
Yurchak, Peter M.
Zacharias, Leona
Zamcheck, Norman
Zamecnik, Paul C.
Zavarine, Richard
Zeller, John W.
Zinberg, Norman E.
Zola, Irving K.

Brighton
Broderick, Thomas F., Jr.
Cavanaugh, James J. A.
Flynn, Robert E.
O'Brien, Richard G.
Yount, William J.

Brockton
Chase, John S.
Dickersin, G. Richard
Duncombe, Alfred L.
Sinesi, Sabino J.

Brookline
Albright, Fuller
Barker, Robert H.
Barsh, Laurence I.
Barnum, Francis G., Jr.
Burgin, Leon B.
Chalpin, George
Cline, Herbert S.
Colby, Fletcher H.
Darling, R. Clement
Derow, Harry A.
Dyer, Edward C.
Finesinger, Abraham L.
Godley, Anne F.
Goldthwait, Joel C.
Gregg, Ward I.
Hall, Francis C.
Helman, Milton E.
Hodgson, John S.
Hoeffel, Gerald N.
Holland, Daniel J., Jr.
Homans, John, Jr.
Hormell, Robert S.
Kornfeld, William
Kris, Kathryn Beck
Levin, Sidney
Linenthal, Arthur J.
Linton, Robert R.
Luongo, Michael A.
MacAusland, Andrew R.
Magraw, Charles E.
Mann, Walter
Mannik, John A.
Modell, Arnold H.
Muirhead, Donald M., Jr.
Mushatt, Cecil
Newell, John L.
Potter, Maxwell G.
Prather, George C.
Rhodes, Frank I.
Rock, John
Sack, Theodore
Schatzki, Richard
Schatzki, Stefan C.
Siscoe, Dwight L.
Shea, Cornelius J.
Smith, Judson A.
Smith, William D.
Spalding, Roger
Spangler, Arthur S.
Sturgis, George P.
Thoma, Kurt H.
Van Buskirk, David
Viets, Henry R.
Webster, Richard C.
Winsor, Allen P.
Wolff, Louis
Young, Edward L.

- Zarsky, Edward L.
- Zaudy, Eleanore C.

Bryantville

- Angley, John C.

Cambridge

- Balch, Franklin G., Jr.
- Binstock, William A.
- Bock, Arlie V.
- Brazelton, T. Berry
- Brown, Joan M.
- Caplan, Gerald
- Carter, Franklin
- Cohen, Morris
- Coles, Martin R.
- Coolidge, John C.
- Crone, Neil L.
- Dawes, Daniel C.
- Decker, Briant L.
- Deutsch, Helene
- Dexter, Chester J.
- Evans, Robley D.
- Evans, Robert E.
- Everett, Henry C., III
- Farnsworth, Dana L.
- Floyd, Cleveland
- Frank, Thomas
- Friedman, Leonard J.
- Gates, Philip H.
- Gordon, John E.
- Hansen, Robert J.
- Hardy, Harriet L.
- Hubbard, Eliot, Jr.
- Kelly, Leo T.
- Levey, Bernard
- Livingston, M. Stanley
- Matz, Myron H.
- Means, Paul H.
- Merrill, Edward W.
- Neumann, Charlotte G.
- Porter, Philip J.
- Postel, Sholem
- Potsaid, Majic S.
- Reid, Elizabeth Aub
- Richie, Robert H., Jr.
- Robey, John S.
- Ross, Ralph A.
- Rudy, Harold A.
- Sachs, Benjamin
- Sanders, R. Wyman
- Scatchard, George
- Sharpe, William, Jr.
- Shelton, William R.
- Sledge, Clement B.
- Sprague, Howard B.
- Stanbury, John B.
- Tingey, William H., Jr.
- Toll, Karel van Syckel
- Townsend, James H.
- Trump, John G.
- Wadsworth, George P.
- Weinberger, Jerome L.
- Wohl, Martin J.
- Yaffee, Howard S.
- Zetzel, Elizabeth R.

Canton

- Griggs, John B.
- Yens, Otto C.

Chelsea

- Sens, Richard

Chestnut Hill

- Daniels, Hadassah S.
- Thorndike, Augustus
- Whiskin, Frederick E.

Cohasset

- Beaman, George B.
- Morse, George W.
- Sceery, Robert T.

Concord

- Austin, Richard C.
- Fay, Gardner F.
- Heath, Parker, Jr.
- Hitchcock, James
- Keevil, Charles S., Jr.
- Keuper, Charles S.
- McDonald, Francis C.
- Norton, Paul L.
- Ruboy, Jordan S.
- Whitfield, Thomas J., III

Danvers

- Essember, Lawrence J.
- Fearer, Nathan H.
- Patton, Anthony S.
- Thornton, Clarence E.

Dedham

- Hawes, Lloyd E.
- Osborne, Robert K.
- Putnam, Henry M.
- Soutter, Lamar
- Sweetnam, George H.

Dorchester

- Dempsey, Peter A.

Dover

- Clowes, George H. A., Jr.
- Santoro, Benjamin T.

Duxbury

- Fowler, Dwight M.

East Braintree

- Slemons, Marion L.

East Falmouth

- Steel, David

Edgartown, Martha's Vineyard

- Mazer, Milton

Fall River

- Hawes, Cornelius H.
- Hill, Norman P.
- Mason, William

Spencer, Jack
Falmouth
Bixby, H. Irving
Fitchburg
LeDonne, John E.
Pick, Walter
Walker, George M.
Wolterbeek, Jacob C.
Foxboro
Putnam, James J.
Framingham
Albert, Joseph
Ash, Homer L.
Golden, Theodore S.
Helfant, Murray H.
Senghas, Richard E.
Gardner
McPeak, Clarence N.
Greenfield
Buchanan, William R., Jr.
McClelland, William K.
Moran, John E.
Groton
Pittman, Helen S.
Hadley
Huntington, James L.
Harding
Mittel, Neuman S.
Hathorne
Crossfield, Ruth M.
Hingham
Eldredge, LeRoy L., Jr.
Holyoke
Bagg, Edward P., Jr.
Bandeian, Alice M.
Boivin, Maurice J.
Ferguson, Edward L.
Mahoney, Stephen A., Jr.
Hopkinton
Denton, Jane E.
Hyannis
Eldredge, James H.
Garran, Frank W., Jr.
Hazard, Gerald W.
O'Malley, Austin F.
Ipswich
Gauthier, Jacqueline
Petranek, Joseph R.
Wigglesworth, William C.
Jamaica Plain
Barrows, Lawrence J.
Chute, Richard
Dwight, Richard W.
Edsall, Geoffrey
Faxon, Henry H.
Graham, John R.
Levene, Martin B.
Lloyd, John B.
Timberlake, William H.
Zieper, Irving
Lawrence
Buchanan, Douglas
D'Urso, John J.
O'Shea, James A.
Leominster
Wheeler, Charles A.
Lexington
Bellinger, Martin J.
Cosgrove, William L.
Joseph, Alfred T.
Petersen, James A.
Longmeadow
Huston, Lewis L.
Plotkin, Leonard H.
Lowell
Grant, George J. M.
Letsou, Vasilios G.
Monahan, John J.
Lynn
O'Keefe, Edward S.
Sarris, Spiros P.
Slater, Eliot M.
Lynnfield
Newhall, Harvey F.
Malden
Bennett, Doris R.
Bennett, Warren
Garrey, Walter E.
Marblehead
Hopkins, Stanford W.
Medford
Guthrie, Andrew D., Jr.
Heath, Clark W.
O'Connor, Harrison
Melrose
Glines, George A.
Thorp, Edward G.
Watson, Richard H.
Weylman, Walther T.
Milton
Dickson, William A.
Driscoll, Robert A.
Gamble, Clarence J.
McGrath, Edward F.
O'Keeffe, Arthur F.
Sullivan, Eugene R.
Toch, Rudolf
Tudor, Frederic
Van Dyke, Wilhelmina
Natick
Hanelin, Joseph
Needham
Jackson, Henry, Jr.
Vanderpol, Maurice
Needham Heights
Lawson, Dexter W.

New Bedford
Hoffman, Howard A.
Lewis, Emory O.
Tripp, Curtis C.
Newburyport
Bullard, Carleton W.
Newton
Adler, Morris H.
Newton Centre
Bonner, Frances J.
Caplan, Lloyd M.
Carter, Lucille P.
Chasen, Mignon C.
Derow, Sidney
Gill, Benjamin F.
Kennard, Harrison E.
Mueller, Barbara C.
Mueller, Egbert H.
Rutherford, Rondall W.
Trapp, Carl E.
Newton Highlands
Brailey, Allen G.
Kaplan, Samuel
Newton Lower Falls
Garcelon, Gerald
King, Howard S.
Temby, William D.
Norfolk
Noone, P. Francis
Yatsuhashi, Masao
Northampton
Averill, James H.
Brewster, Henry H.
Tatlock, Hugh
North Andover
Rogers, Horatio
Wallwork, David W.
Norwell
Bailey, David W.
Peabody
Lurie, Arthur S.
Osgood, Herman A.
Pittsfield
Tracy, Robert J.
Plymouth
Haggart, G. Edmund
Hamilton, Harold H.
Pocasset
Sanborn, Frederick
Quincy
Ciano, Joseph F.
McCarthy, Philip L.
McGugan, A. David
Randolph
Moore, Robert F.
Reading
McMahon, Arthur W.
Rockland
Pryles, Charles V.
Roslindale
Bratt, Harold A.
Guardo, James L.
Salem
Clark, DeWitt S., Jr.
Flynn, John G.
Lowd, Harry M., Jr.
Phippen, Walter G.
Polansky, Symon C.
Richards, Robert S.
Shannon, James M.
Stebbins, Henry D.
Thompson, Richard H.
Somerville
Pollard, John T., Jr.
Whitelaw, George P.
South Duxbury
Shirley, J. Newton
South Hamilton
Bacon, William B.
South Sudbury
Adelson, William J.
South Weymouth
Emerson, George F.
Kilfoyle, Richard M.
Rounds, Charles E.
Springfield
Carson, Parker C.
Derby, Joseph P.
Derrick, Charles C.
Edgelow, Arthur F. G.
Franseen, Elmer F.
Hayes, Donald R.
Hopkins, Frederick S.
Hoyt, W. Fenn
Lewis, James
Williams, David W.
Zacarian, Setrag A.
Stockbridge
Kimberly, Charles H.
Swampscott
Mayo, Frederick B.
Miller, Carroll C.
Vineyard Haven, Martha's Vineyard
Butler, Allan M.
Waban
Beuscher, Ruth B.
Wakefield
Fiascone, Arnold D.
Rosenthal, Murray K.
Waltham
Edelstein, Leon M.
Goldblatt, Allan
Hardy, Irad B.
Holmes, Joseph A.
Hurwitz, Joshua J.

Lewis, Joseph L.
Shulman, Leonard B.
Smith, Richard H.

Wareham
Lincoln, James R.
Price, Donald L.

Waverley
Ouellette, Eileen M.

Wellesley
Flanagan, Norris B.
Pfeffer, William, Jr.

Wellesley Hills
Bragg, Robert L.
Brenner, Joseph H.
Fromer, John L.
Gray, Basil C.
O'Sullivan, Renee B.
Parker, Jack S.
Pippitt, Richard B.
Reidy, John A.
Stempien, J. Henry

Wenham
Rogers, Daniel M.

West Falmouth
Faxon, Nathaniel W.

West Harwich
Carney, Henry J.

West Newton
Berezin, Martin A.

Weston
Flacke, Joan W.
Moreton, John R.
Peebles, Thomas C.
Rogers, William P., Jr.
Swan, Channing S.
Taylor, Grantley W.
Van Nuys, Fresenius

Westport
Smedley, Lois M.

West Roxbury
Conway, Richard E.
Littmann, David
McGovern, Joseph J., Jr.
Sasahara, Arthur A.
Stetson, Richard P.

Westwood
Curwen, William L.
Taylor, John B.

Williamstown
Reynolds, George S.
Urmy, Thomas Van O.

Winchester
Annino, Donald J.
Clark, Richard J.
Kaufmann, Gustav G.
Kermond, William L.
Marks, George A.
McLean, John D.

Woburn
McKenzie, Wilfred L.

Worcester
Buckley, Frank M.
Burrow, Jarrel G.
Carmody, John T. B.
Cooperman, Sheldon
Damiani, Clito R.
Duggan, John A.
Harper, Robert S.
Johnson, Verner S.
Lingley, James R.
Miller, Erwin C.
Oakley, Joseph C.
Sniffen, Ronald C.
Starobin, Oscar E.
Stone, Bernard B.
Wheeler, Bancroft C.
Zmyslowski, Walter P.

MICHIGAN

Ann Arbor
Bishop, Ronald C.
DeLong, William B.
Harrison, Timothy S.
Miller, James G.
Smillie, John W.
Sweet, Robert B.
Vial, A. Burgess
Waldron, Alexander M.

Birmingham
Esslinger, John O.
Leach, Charles A., Jr.

Detroit
Arnstein, A. Robert
Blodgett, William H.
Comly, Hunter H.
Del Guidice, Peter A.
Eyler, William R.
Frame, Boy
Mitchell, David C.
Osius, Eugene A.
Prus, Alphone M.
Smith, W. Pierce
Sphire, Raymond D.
Stiefel, Daniel M.
Sweeny, Donald N., Jr.
Zuelzer, Wolfgang W.
Zukowski, Henry J.

Grand Rapids
Beeman, Carl B.
Capps, Samuel C.
Sugiyama, Tetsuo

Grosse Ile
Russell, Henry N., Jr.

Ionia
Tannheimer, John F.

Iron Mountain
Alexander, William H.
Jackson
Munro, Nathan D.
Pontiac
Cudney, Ethan B.
Saranac
Faust, Lawrence W.

MINNESOTA
Minneapolis
Florence, David W.
Goetz, Frederick C.
Johnson, Norman P.
Kennedy, Byrl J.
Maruyama, Yosh
Peterson, Harold O.
Pohl, John F.
Rodgers, Richard S.
Wang, Yang
Williams, Ralph C., Jr.
Rochester
Haines, Samuel F.
Helmholz, Henry F., Jr.
Karnes, William E.
Randall, Raymond V.
Stewart, James M.
St. Paul
Markland, A. Colin
Schwyzer, Marguerite
Worthington
Amick, Arthur F.

MISSISSIPPI
Jackson
Guyton, Arthur C.
Weems, William L.

MISSOURI
Kansas City
Dann, David S.
Dennie, Charles C.
Lilly, Terry E., Jr.
Pickard, Nicholas S.
Trowbridge, Ellsworth H., Jr.
St. Joseph
McDaniel, John R.
Riddell, Richard V.
St. Louis
Chaplin, Hugh, Jr.
Clark, Sam L., Jr.
Dodd, Robert B.
Doisy, Edward A., Jr.
Drake, Truman G.
Funsch, Robert E.
Gaunt, Frank P.
Hanser, Theodore H.
Hershey, Falls B.
Josse, John W.
Lytton, William B.
Maughs, Sydney B.
Miller, Jule P., Jr.
O'Brien, Robert M.
Robins, Eli
Stephens, William A.
Strauss, Arthur E.
Waltman, Stephen R.

NEBRASKA
Omaha
Bisgard, James D.
Luikart, Ralph H.
St. Aubin, Paul M. G.

NEVADA
Reno
Cantlon, Edwin L.
Cantlon, J. Vernon

NEW HAMPSHIRE
Concord
Mintz, E. Ross
Dover
Wilson, Robert F.
Exeter
Curtin, Richard R.
Heyl, James T.
Hancock
Eustis, Richard S.
Hanover
Anthonisen, Margaret R.
Gundersen, Sven M.
Heyl, Henry L.
Hunter, Ralph W.
McKenna, John B.
Staples, Oscar S., Jr.
Sycamore, Leslie K.
Jaffrey Center
Millard, D. Glyn
Laconia
Baker, William J.
Manchester
Bienvenu, Lester J.
Colokathis, Paul
Kalil, Toufic H.
McGahey, Claude E.
Walker, Jerome K.
Newbury
Fish, James E.
Orford
Hall, Marshall G.
Portsmouth
Piper, Edmund L.
Wolfeboro
Gregory, Harold E.

NEW JERSEY

Boonton
Ward, Albert J.
Elizabeth
Gorman, Rosemary V.
Englewood Cliffs
Roberts, Charles D.
Glen Ridge
D'Alessandro, Genesio L.
Haddonfield
Johnson, Dale G.
Leonia
Layzer, Robert B.
Madison
Diehl, Sylvia Davies
Monmouth Beach
Judd, Alvan B.
Montclair
Greene, Robert G.
Newark
Greene, Richard W.
Schaaf, Royal S.
New Brunswick
Kuhn, William G., Jr.
Orange
Stearns, Thornton
Paterson
Sporer, Edita Sternova
Van Eerde, Albert
Princeton
Dalrymple, Willard
Munro, Jeannette
Rothberg, Harvey D., Jr.
Springfield
Wosnitzer, Morey
Short Hills
Willetts, Arthur T.
Trenton
Rosenthal, Albert L.
Shine, Kenneth I.
Washington
Horwitz, William H.

NEW MEXICO

Albuquerque
Adler, Scott
Mora, Federico
Parnall, Edward
Los Alamos
Grier, Robert S.
Shipman, Thomas L.
Santa Fe
Lunt, Lawrence K.

NEW YORK

Albany
Berg, Howard W.
Holt, William L., Jr.
Thomas, Wilbur A.
Traver, Clarence A.
Bath
Traver, Ralph F.
Bronx
Kleinman, Leonard I.
Rosenbaum, Milton
Ulick, Stanley C.
Wohl, Herbert
Brooklyn
Anderson, H. Clarke
Cohen, Irvin J.
Friedman, Clarence F.
Buffalo
Bakay, Louis
Calkins, Evan
Holland, Jimmie B.
Hummel, L. Edgar
Klein, David M.
Klein, Edmund
Lambert, Edward C.
Osgood, Howard
Chappaqua
Klenk, Eugene L.
Cleverdale
Tefft, Richard C., Jr.
Cliffside Park
Waldron, Alexander M.
Cooperstown
Greenough, James
McIver, Monroe A.
Sahler, Otto DeP.
Croghan
Guller, Erastus I.
Fayetteville
Neptune, Edgar McC.
Flushing
Kline, Robert M.
Margolies, Michael N.
Freeport, Long Island
Charash, Leon I.
Glen Head, Long Island
Heggie, John F.
Glens Falls
Batt, Richard C.
Katonah
Thompson, Walter A.
Kenmore
Schenk, Worthington G., Jr.
Kingston
Gorman, Mary L. Gannon

Larchmont
- Haralambie, James Q.

Little Neck, Long Island
- Wenig, Martin

Manhasset, Long Island
- Ayers, William B.
- Nicosia, Arnold P.

Margaretville
- Mackie, Robert W.

Mechanicville
- Ryan, James P.

Mount Kisco
- Hovsepian, Jeannette A.

Mount Morris
- Judd, James M.

New Hartford
- Millet, J. Bradford

New York City
- Alper, Joseph M.
- Boger, William P.
- Bowden, Lemuel
- Carroll, Robert E.
- Chamberlain, J. Maxwell
- Christenson, William N.
- Cohn, Zanvil A.
- Collins, Harvey S.
- David, John R.
- Dickson, Carol C.
- Dole, Vincent P., Jr.
- Eaton, Richard G.
- Edelman, Gerald M.
- Ellenberg, Jack
- Finkenstaedt, John T.
- Fishman, Robert A.
- Foldes, Francis F.
- Goldblatt, Myron E.
- Gomatos, Peter J.
- Grant, Lester H.
- Greenhill, Maurice H.
- Heffron, Roderick
- Henley, Thomas F.
- Hiebert, John M.
- Hobson, Lawrence B.
- Hofer, Myron A., II
- Katz, Arnold M.
- Kaufman, M. Ralph
- Keeley, James K.
- Keenan, M. Edward
- Kiely, Brian
- Knapp, Robert G., Jr.
- Lake, Michael
- Lambert, John T.
- Langer, Glenn A.
- Locke, Edwin A.
- Loeb, John N.
- Loeb, Robert F.
- Los, Edward
- Lowe, Charles U.
- Luck, David J. L.
- Mach, Bernard F.
- Maier, John
- Malcolm, John A.
- Mannik, Mart
- Metcalf, Kenneth M.
- Moore, Burness E.
- Mote, John R.
- Packert, Richard C.
- Patterson, Robert L., Jr.
- Patterson, Russell H.
- Peterson, Hart de C.
- Quan, Stuart H. Q.
- Rappleye, Willard C.
- Saunders, George M.
- Squire, Lucy F.
- Surls, Joseph K.
- Tenney, Vivian A.
- Twombly, Gray H.
- Watson, James W.
- Watson, Robert F.
- Wilson, Philip D.
- Wilson, Philip D., Jr.
- Wolff, Carl T.
- Yanagisawa, Kazuo
- Youmans, John B.

APO New York
- Dunbar, Ronald W.
- Lium, Rolf
- McGinty, John B.
- Otto, William J., Jr.
- Whitelow, Dennis R.

FPO New York
- Barrie, Joseph R.
- Ragland, Stuart, Jr.

Pelham
- McHugh, Paul R.

Plattsburg
- Barton, Lyman G., Jr.

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- Bedell, Wallace C.
- Keeley, James K.

Rochester
- Allison, Charles R.
- Anderson, Erna G.
- Berg, Robert L.
- Boller, Charles
- Crawford, Henry B.
- Defalco, Alfred J.
- Egel, Norman
- Friedman, Stanford B.
- Gillies, Alastair J.
- Griner, Paul F.
- Jones, Robert H.

Morgan, William L., Jr.
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Moss, Arthur J.
Radebaugh, John F., Jr.
States, John D.
Stewart, James M.

Saranac Lake

Welles, Edward S.

Scarsdale

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Lipman, Marvin M.
Seed, John C.

Syracuse

Dunn, Edward
Gardner, Lytt I.
Gibson, Leo E.
Hale, Clayton H.
Silverman, A. Clement

Troy

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Dahl, Louis K.

Utica

Case, Clarke T.
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Watertown

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White Plains

Newman, Herbert A.

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Neville, Charles W., Jr.

Chapel Hill

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Lansing, Cornelius
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Brenizer, Addison G., Jr.
Elliott, Joseph A., Jr.

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Durham

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Peete, William P. J.
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Reeves, Robert J.

Fort Bragg

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Goodson, William H., Jr.

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Troxler, Eulyss R.

Raleigh

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Wooten, E. Jane Herring
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Young, David A.

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Tryon

Placak, Joseph C., Jr.

Wilmington

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Winston-Salem

Bostic, William C., III
Conrad, Elizabeth

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Rodman, Charles A., II

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Kramer, James G.
Voke, Edward L.

Canton

Scott, Murray W., Jr.

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Acheson, George H.
Arndt, Kenneth A.
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Freiberg, Joseph A.
Gaffney, Thomas E.
Gall, Edward A.
Newstedt, J. Roger
Rubinstein, Jack H.
Schneider, Benjamin

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Evans, Richard R.
Ford, Amasa B.
Glover, Donald M.
Groves, Laurence K.
Hopkins, Robert W.

  - Jefferies, William McK.
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  - Morgan, Winfield S.
  - Moss, Gerald S.
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  - Rhinelander, Frederic W.
  - Rutman, Joel
  - Ryan, Kenneth J.
  - Shannon, Edward W.
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  - Shuter, Eli R.
  - Simeone, Fiorindo A.
  - Stenger, Richard J.
  - Weir, David R.
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  - Baumgartner, Donavin A., Jr.
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  - Dawson, Clyde W.
  - Ellis, Effie O.
  - Haynes, Ruth C.
  - Haynes, Walter M.
  - Tetirick, Jack E.
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  - Flook, Samuel E.
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Paul, John R., Jr.
Summerall, Charles P., III
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Zimbler, Seymour

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Theus, Walter W.

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Stern, Newton S.

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Ruley, Henry B.

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Nielsen, Talmage W.
Young, Clark

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Bennington
Baker, Dudley M.
Giddings W. Philip
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Tompkins, J. Butler
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Bell, John F.
Donaghy, Raymond M. P.
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Mazuzan, John E., Jr.
Smith, Robert P.
Soule, A. Bradley, Jr.
Tisdale, William A.
Montpelier
Buttles, Roy V.
Peacham
Rogers, William A.
Waterbury
Chittick, Rupert A.
West Townshend
Folsom, Hugh F.
White River Junction
Anthonisen, Niels L.
Crandell, Walter B.

VIRGINIA
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Collins, Richard
Arlington
Brewster, William R., Jr.
Detwiler, Robert H.
Ormandy, Laszlo
Charlottesville
Parson, William
Swineford, Oscar, Jr.
Wood, J. Edwin, Jr.
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Waring, Elmar S.
Hampton
Jones, Thomas B.
Irvington
Wescott, Henry H.
Richmond
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Blades, James F.
Carmichael, Miriam W.
Goodale, Fairfield, Jr.
James, G. Watson, III

Jones, Basil R.
Jordan, William R.
MacDonald, Ralph F.
Randall, Russell E., Jr.
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Thompson, W. Taliaferro, Jr.
Tucker, James T.
Ulmer, Jack L.

Roanoke
Glendy, Margaret Moriarty
Glendy, R. Earle
Walke, John T.
Wood, Benjamin S.

Wytheville
Schuler, James D.

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Milan, Daniel F., Jr.

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Brownsberger, Carl N.
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Crary, Lyall S., Jr.
Crystal, Dean K.
Edmunds, L. Henry, Jr.
Garrigues, Henry H.
Gaston, Lamont W.
Lawrence, G. Hugh
MacMahon, Charles E.
Morgan, Clarence L.
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Polak, Alexander
Rutherford, Robert N.
Shurtleff, David B.
Stewart, John E.
Volwiler, Wade
Wimberger, Herbet C.

Spokane
Johnston, Edward V.
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Walla Walla
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Gilbert, Allen C.

Yakima
Mathieu, Thomas J.
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Beckley
Klingensmith, Walter E.

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Anderson, Randolph L.
Hills, Henry M., Jr.
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Revercomb, Paul H.
Stewart, William C.

Fairmont
Shaffer, Frederick G.
Wang, Shen Kuang

Morgantown
Currie, Richard A.
Shaffer, Hubert A.

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Steele, James L.

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Duffy, Raymond J.
Weiler, Howard G.

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Gundersen, Adolf L.
Gundersen, Sigurd B., Jr.
Gundersen, Thorolf E.
Hayden, John W.
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Tompkins, Douglas G.

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Albright, Edwin C.
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Hopkins, Charles E.
Javid, Manucher
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Rasmussen, Howard
Rasmussen, Jane S.

Marshfield
Pederson, Donald P.

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Barrow, David W.
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Conley, James E.
Holbrook, Arthur A.
Kerrigan, Gerald A.
Organick, Avrum B.
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Wauwotosa
Lazarus, Herbert R.

WYOMING
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Kind, Henry A.

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Sober, Stanley
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MacKinnon, Roderick
Montreal
Choras, Peter T.
Davanloo, Habibolah
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Robillard, Raymond L.
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Shugar, Joseph L.
Thurlbeck, William M.
Sudbury
Field, Paul
Olds
Burland, George R.
Regina
Colpitts, Grant E.
Toronto
Gardiner, William J.
Harris, W. Robert
Holmes R. Brian
Lowrey, Stanley R.
MacMillan, Hugh A.
McIlroy, William J.
Ritchie, Alexander C.
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Aranas, Arturo L.
Duxbury, James H.
Winnipeg
Adamson, Gilbert L.

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Ibsen, Bjørn
Probst, Jan-Henrik
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Andersen, Erik W.
Holte
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Congleton
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Leape, Lucian L., Jr.
London
Dobson, Rosemary C.
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Tow, Peter M.
Menston
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GERMANY
Blockhorn
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Munchen
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Munich
Hüppe, Justin R.

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Zaouussis, Alexander L.
Thessaloniki
Papadopoulos, Demetrios A.

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Sosa, Dagoberto
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Kristjansson, Haukur
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Rebello, Desire J. A.
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Kanpur
Tandon, Rajendra
Ludhiana
Wysham, Donald N.
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Belfast
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Shiraz
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Laron, Zvi
Rehovoth
Ronat, Judith G.

ITALY
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Mangoni, Alfonso
Naples
Amati, Jacqueline M.

LEBANON
Beirut
Abi-Torbey, Khalill
Germanos, Khalil
Kirkwood, Samuel B.
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Mnaymneh, Walid Ahmed
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NETHERLANDS
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NORWAY
Oslo
Lund, Ivar
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    Mattoso, Luiz F. de Q.
  Sao Paulo
    Barretto, Oscar de F.

CHILE
  Santiago
    Williamson-Lefort, Ladislao

COLOMBIA
  Bogota
    Salamanca, Joan J.

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  Quito
    Vermillion, Clinton D.

PARAGUAY
  Asuncion
    Bridge, Edward M.

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  Lima
    de Mola, Luis L.

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  Caracas
    Purves, Dale

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    Cardenal, Fernano A.

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  Zurich
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  Istanbul
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  Nha Trang
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FORMS OF LEGACIES

A. *An Unrestricted Legacy*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ...
..............................($)."

Money given in this way may be used by the Hospital for any purpose within the scope of its powers. Both principal and income may be so used.

B. *A Legacy Restricted as to Principal but Not Restricted as to Income*

"I give to The Massachusetts General Hospital, a corporation organized under the laws of Massachusetts and situated in Boston, Massachusetts, ...
..............................($). The principal of this gift shall be held and may be mingled with other funds of the Hospital for investment. The Hospital may expend the income for any purpose within the scope of its powers. (The following sentence is optional.) This gift is made in memory of .... and shall be known as the .... Fund."

Money given in this way establishes a permanent fund.

C. *A Legacy Intended for a Special Purpose*

Where either principal or income of a bequest is to be restricted to some special purpose of the Hospital, it is suggested that the testator contact the Treasurer's Office, 45 Milk Street, Boston.

DALTON SCHOLARSHIPS

Scholarships will be awarded to the candidates recommended by the General Executive Committee of the Massachusetts General Hospital and confirmed by the Trustees.

The holders of these Scholarships are required to do original work in subjects to be designated.

For particulars apply to the General Director.

MASSACHUSETTS GENERAL HOSPITAL
Fruit Street, Boston

See also page 130 of this Report

WARREN TRIENNIAL PRIZE

The Warren Triennial Prize was founded by the late Dr. J. Mason Warren in memory of his father, and his will provides that the accumulated interest of the fund shall be awarded every three years to the author of the best dissertation, considered worthy of a premium, in some subject in Physiology, Surgery, or Pathological Anatomy, the arbitrators being the General Executive Committee of the Massachusetts General Hospital.

See also page 131 of this Report

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